# 2000 UNIFORM BUSINESS REPORT (UBR)

7/1

**FILED**
**Aug 08, 2000 8:00 am**
**Secretary of State**
07-17-2000 90073 036 ***150.00

DOCUMENT # V13936

1. Entity Name: CITRUS RESTAURANTS INC DBA JOHANNES (R)

Principal Place of Business: 47E PALMETTO PK. ROAD, BOCA RATON, FL, 33432

Mailing Address: - SAME

[redacted]

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country PBE

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0310915 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHANNES FRUHWIRT
1412 NE 57 Ct
Ft. LAUDERDALE, FL ~~33432~~ 33334

7. Name and Address of New Registered Agent

Name —

Street Address (P.O. Box Number is Not Acceptable) —

City — FL — Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [signature] 6-28-00
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) X

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — JOHANNES FRUHWIRT, 1412 NE 57 Court, Ft. Lauderdale FL, 33334 — ☐ Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — No other Agents - officers or directors. ☐ Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition

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CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** [signature] 6-28-00 (561)394-0007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

V13936
309017

[redacted]3

CITRUS OF BOCA

4400 North Federal Highway • Boca Raton, Florida 33431 • Phone (407) 394-0007 • Fax (407) 394-3301

June 28-00

Dear Sir, Madame,

My Apolgies for receiving my replying of the corporation late, but my Accountant made me aware that I did not receive the form.
When requesting the filing form from your Agency I was told I may request a one time waive of the late fee as we in the past nine years never have filed late and this only happened due to my oversight and as I did not receive a form.
I kindly request your attention on this matter.

Thankyou.

Sincerely,

Johannes Fruhwirt