

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V26827

1. Entity Name

LA CONTESSA ENTERPRISES, INC.

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90084 006 \*\*\*150.00

Principal Place of Business

Mailing Address

225 CANDLELIGHT BLVD  
BROOKSVILLE FL 34601  
US

628 ERIN WAY  
BROOKSVILLE FL 34601-3019  
US

2. Principal Place of Business

3. Mailing Address

628 ERIN WAY

Suite, Apt. #, etc.

BROOKSVILLE, FL

City & State

BROOKSVILLE, FL

Zip

Country

34601

USA

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3118981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



00000000

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEAR, EDWARD V.  
628 ERIN WAY  
BROOKSVILLE FL 34601

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, typed or printed 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) ☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	SPAGNOLO, CONSTANCE L.	1510 ARNOLD AVE	BROOKSVILLE FL	<input type="checkbox"/>
SD	GEAR, JOAN	628 ERIN WAY	BROOKSVILLE FL	<input type="checkbox"/>
TD	GEAR, EDWARD V.	628 ERIN WAY	BROOKSVILLE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EDWARD V. GEAR 2-19-00 352-796-0338

CR2E034 (9/99)