2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # K00440** Apr 17, 2000 8:00 am 1. Entity Name Secretary of State OCALA RESTAURANT PARTNERS INCORPORATED 04-17-2000 90033 045 ***150.00 Principal Place of Business Mailing Address % KEN DEPASQUALE % KEN DEPASQUALE 3105 N.E. SILVER SPRINGS BLVD. 3105 N.E. SILVER SPRINGS BLVD. OCALA FL 34470-6411 OCALA FL 34470 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2855362 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired ୃ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DEPASQUALE, KENNETH R Street Address (P.O. Box Number is Not Acceptable) 3105 N.E. SILVER SPRINGS BLVD. OCALA FL 34470 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD Delete Change ☐ Addition TITLE TITLE DEPASQUALE, KEN NAME NAME 3105 NE SILVER SRGS BLV STREET ADDRESS STREET ADDRESS OCALA FL CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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