2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2000 8:00 am Secretary of State **DOCUMENT # L30451** 1. Entity Name F & W CONCESSIONS, INC. 05-03-2000 90041 008 ***150.00 Principal Place of Business Mailing Address % J PATRICK DYAL 1561 S CONGRESS 1401 E BROWARD BLVD DELRAY BCH FL 33445 FT LAUDERDALE FL 33301-2118 3. Mailing Address 2. Principal Place of Business BRIDGE RD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 292 City & State 4. FEI Number Applied For City & State 06-1284649 HOBE Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DYAL, J PATRICK Street Address (P.O. Box Number is Not Acceptable) 1401 E BROWARD BLVD FT LAUDERDALE FL 33301 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. 12. PD ☐ Addition **Z** Change TITLE Delete TITLE FRALEIGH, DENNIS R. NAME NAME 8949 SE BRIDGE RD #292 STREET ADDRESS 1561 S CONGRESS AVE #148 STREET ADDRESS HOBE SOUND CITY-ST-ZIF CITY-ST-ZIP DELRAY BEACH FL ST ☐ Change ☐ Addition TITLE ☐ Delete BURHANS, JOAN M NAME NAME STREET ADDRESS 34 PRINCE ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **RED HOOK NY 12571** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition Delete TITLE Change 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 TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING PRICER OR DIRECTOR DENNIS R FRALE IGH 4/24/00 9/4876 5 82