2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 24, 2002 8:00 am Secretary of State **DOCUMENT #** 79429 1. Entity Name FRASCATI'S ITALIAN RESTAURANT & DELI, INC. 02-24-2002 90010 047 ***150.00 Mailing Address Principal Place of Business 1258 AIRPORT RD. N. 1258 AIRPORT RD. N. NAPLES FL 34104 NAPLES FL 34104 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0229843 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WHITING, DAVID P 4081-TAMIAWI-TRAIL-NORTH PARK-SOUARE-C105 NAPLES-FE-93040 registered agent, or both, in the State of Florida submits this statement for the se of changing its registered office 8. The above named entity SIGNATURE . typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. ☐ Change ☐ Addition TITLE ☐ Delete TKLE CERNIGLIA, CHARLES NAME NAME 1723 GALLOWAY CIRCLE STREET ADDRESS STREET ADDRESS **BARRINGTON IL 60010** CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE VPTS NAME DIEBLER, CORINNE NAME STREET ADDRESS 7763 NAPLES HERITAGE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34112 ☐ Change ☐ Addition TITLE TITLE TS Delete NAME NAME DIEBLER, CORRINNE 7763 NAPLES HERITAGE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34112 CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE CERNIGLIA, CATHERINE NAME NAME STREET ADDRESS 1723 GALLOWAY CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BARRINGTON IL 60010** ☐ Change ☐ Addition ☐ Delete TITLE TITLE CERNIGLIA, CHARLES SR. NAME 1723 GALLOWAY CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BARRINGTON IL 60016** ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME

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 percure 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 attachme with an address, with a

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP