2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004523

1. Entity Name
SIDE OUT PIZZA, L.C.

FILED
00 MAR 13 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2659 ULMERTON ROAD CLEARWATER FL 33762	2659 ULMERTON ROAD CLEARWATER FL 33762-3337

2. Principal Place of Business: 4267 W. U.S. Hwy 90
Suite, Apt. #, etc.:
City & State: LAKE CITY, FL
Zip: 32025 Country: US

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

4. FEI Number: 59-3590139 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, DAVID A ESQUIRE
5025 WEST LEMON STREET
TAMPA FL 33609

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RANDS, PHILIP 2659 ULMERTON ROAD CLEARWATER FL 33762	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700003183917--1 -03/24/00--01115--022 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Team St. Pete, Inc. 2659 Ulmerton Rd Clearwater, FL 33762	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member William Q Raynor 3700 PRESTWICK PLACE #1604 Palm Harbor, FL 34684	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Kenneth E. Grey AT 10 Box 460-2 Lake City, FL 32025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition dcc

CR2E083 (9/99)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED Philip Rands 3-1-00 727-571-1281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #