

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90124 049 \*\*\*150.00

0428391

**DOCUMENT # P00000075842**

1. Entity Name  
**INDEPENDENT RESTAURANT OPERATORS CORPORATION**

Principal Place of Business      Mailing Address  
**1351 MAIN STREET**      **1351 MAIN STREET**  
**DUNEDIN FL 34698**      **DUNEDIN FL 34698**

701104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**2129 DREW ST**      **2129 DREW ST**

City & State      City & State  
**CLEARWATER, FL**      **CLEARWATER, FL**

Zip      Country      Zip      Country  
**33765**           **33765**           **33765**           **33765**

4. FEI Number **59-3674758**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CONSTANTINOU, MARIO</b> <b>1351 MAIN STREET</b> <b>DUNEDIN FL 34698</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (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, 2001 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	<b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DINO CONSTANTINOU</b>		NAME		
STREET ADDRESS	<b>2129 DREW ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CLEARWATER, FL 33765</b>		CITY-ST-ZIP		
TITLE	<b>PD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MARIO CONSTANTINOU</b>		NAME		
STREET ADDRESS	<b>1351 MAIN ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DUNEDIN, FL 34698</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>NICK MITSIDES</b>		NAME		
STREET ADDRESS	<b>14155 JOEL COURT DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LARGO, FL 33774</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DINO CONSTANTINOU**      **4-26-01 727-447-1733**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)