

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90003 049 ***150.00

DOCUMENT # P93000035360

1. Entity Name

EDITH'S FAMILY RESTAURANTS, INC.

Principal Place of Business

**2443 US HWY 1 SOUTH
 ST AUGUSTINE FL 32086
 US**

Mailing Address

**2443 US HWY 1 SOUTH
 ST AUGUSTINE FL 32086
 US**

2. Principal Place of Business

2443 U.S. 1 SOUTH
 Suite, Apt. #, etc.

3. Mailing Address

2443 U.S. 1 SOUTH
 Suite, Apt. #, etc.

City & State

ST. AUGUSTINE FL

City & State

ST. AUGUSTINE FL

Zip

32086

Country

U.S. ST. JOHNS

Zip

32086

Country

U.S. ST. JOHNS

6. Name and Address of Current Registered Agent

**HYDES, TRACEY A SR
 503 SAN JOSE RD
 ST AUGUSTINE FL 32086**

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

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HYDES, TRACEY A SR. 2443 US HWY 1 SOUTH ST AUGUSTINE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Tracey A Hydes SR. TRACEY A HYDES SR. 4-24-02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date
904 797-7597
 Daytime Phone #

CR2E034 (9/01)