

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 420094

1. Entity Name

DAYTONA IHOP, INC.

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90064 010 ***150.00

Principal Place of Business

Mailing Address

ATLANTIC AVENUE
BEACH FL 32118

2204 S. ATLANTIC AVENUE
DAYTONA BEACH FL 32118-5320

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1439607

Applied For
Not Applicable

Zip

Country

Zip

Country

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

WATSON, JAMES
2204 S. ATLANTIC AVENUE
DAYTONA BEACH FL 32118

Name SCOTT STUDNER

Street Address (P.O. Box Number is Not Acceptable)
2 HIGHLAND OAKS TRAIL

City ORMOND BEACH FL Zip Code 32174

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, 2000 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 PSTD
NAME WATSON, JAMES
STREET ADDRESS 2204 S. ATLANTIC AVENUE
CITY-ST-ZIP DAYTONA BEACH FL 32118 ☒ Delete

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

TITLE V
NAME STUDER, SCOTT
STREET ADDRESS 2 HIGHLANDS OAKS TRAIL
CITY-ST-ZIP ORMOND BEACH FL ☐ Delete

TITLE PSD
NAME Studner, Scott
STREET ADDRESS 2 Highland Oaks Tr.
CITY-ST-ZIP Ormond Bch, FL 32174 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME Watson, Rita
STREET ADDRESS 2 Highland Oaks Tr.
CITY-ST-ZIP Ormond Bch, FL 32174 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)