

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 437157

1. Entity Name

SUNSHINE PARKWAY RESTAURANTS, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90214 013 ***150.00

Principal Place of Business

6600 ROCKLEDGE DR.
DEPT. 72-928.81
BETHESDA MD 20817
US

Mailing Address

6600 ROCKLEDGE DR.
DEPT. 72-928.81
BETHESDA MD 20817
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 34-1131787

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

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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, 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 P ☒ Delete
NAME WILLIAM W. MCCARTEN
STREET ADDRESS 6600 ROCKLEDGE DR., DEPT. 72-928.81
CITY-ST-ZIP BETHESDA MD

TITLE P/S/D ☒ Change ☐ Addition
NAME Joe P. Martin
STREET ADDRESS 6600 Rockledge Dr., MS 3-1
CITY-ST-ZIP Bethesda, MD 20817

TITLE VT ☒ Delete
NAME LORI A. CRAMP
STREET ADDRESS 6600 ROCKLEDGE DR., DEPT. 72-928.81
CITY-ST-ZIP BETHESDA MD

TITLE V/D ☒ Change ☐ Addition
NAME Bernard N. Brown
STREET ADDRESS 6600 Rockledge Dr., MS 3-1
CITY-ST-ZIP Bethesda, MD 20817

TITLE VDS ☒ Delete
NAME JOE P. MARTIN
STREET ADDRESS 6600 ROCKLEDGE DR., DEPT. 72-928.81
CITY-ST-ZIP BETHESDA FL

TITLE D ☒ Change ☐ Addition
NAME Charles E. Powers
STREET ADDRESS 6600 Rockledge Dr., MS 3-1
CITY-ST-ZIP Bethesda, MD 20817

TITLE VD ☒ Delete
NAME JOHN J. MCCARTHY
STREET ADDRESS 6600 ROCKLEDGE DR., DEPT. 72-928.81
CITY-ST-ZIP BETHESDA MD

TITLE T ☒ Change ☐ Addition
NAME Giorgio L. Spagliardi
STREET ADDRESS 6600 Rockledge Dr., MS 3-1
CITY-ST-ZIP Bethesda, MD 20817

TITLE AS ☐ Delete
NAME LAURA POLVINALE
STREET ADDRESS 6600 ROCKLEDGE DR., DEPT. 72-928.81
CITY-ST-ZIP BETHESDA MD

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

TITLE AS ☐ Delete
NAME BABIN, LAURA A
STREET ADDRESS 6600 ROCKLEDGE DRIVE DEPT 72/928.81
CITY-ST-ZIP BETHESDA MD 20817

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Laura A. Babin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laura A. Babin

4-20-01

Date

240-694-4161

Daytime Phone #

CR2E034 (10/00)