FILED Apr 30, 2002 8:00 am \$ Secretary of State

04-30-2002 90076 003 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 458497 1. Entity Name

BRANDYWINE DELICATESSEN, INC.

Principal Place of Business		Mailing Address						
505 PARK AVE N. WINTER PARK FL 32789		505 PARK AVE N. WINTER PARK FL 32789			1 1887/1 8168 8178 8877 8187 (877 X88 818)			
2. Principal Place of Business		3. Mailing Address						
					: 			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE	 _	
City & State		City & State		4.	FEI Number 59-1571832		plied For t Applicable	
Zìp	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
			Name	Name				
WRIGHT,DONALD F.			Street Address (P.O. Box Number is Not Acceptable)					
•	TH ORANGE AVENUE	Street Address (301030 (1 .0. (Box (talliber 15 / tel. 1555ptable)		·	
•	FLORIDA FL 32802		-				}	
01124100	(101110771120201	City			FI	Zip Code	•	
• The above	named entity submits this statement for	the purpose of changing its re-	nistered office or	registered as	gent, or both, in the State of Florida.			
CICNATUDE	Signature, typed or printed name of registered agent an		egistered Agent signati					
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		50.00 t of State		Added	May Be to Fees	
11. OFFICERS AND DIR				Al	DDITIONS/CHANGES TO OFFICERS AN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANKENBERGER, JACK 659 SARANAC DR WINTER SPRINGS FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MINIE	FRANKENBERGER WILLDSOR DRIVE FRANK, FL 32189	☐ Change	Addition	
TITLE	D	Delete	TITLE	VICE &	pres ident (secretar	☐ Change	Addition	
NAME	FRANKENBERTGER, JOAN A			KATHLEEN M. FRANKENBERGER				
STREET ADDRESS	659 SARANAC DR		STREET ADDRESS	1850 WIN'95-72 DEL' 32290				
CITY-ST-ZIP	WINTER SPRINGS FL		CITY-ST-ZIP	MILLAIS	EK MAKE, YL 32189	Change	☐ Addition	
TITLE	S/T	Delete	TITLE NAME		•	☐ Change	L Addition	
NAME STREET ADDRESS	NIDDE, NANCY L		STREET ADDRESS					
CITY-ST-ZIP	1109 COVINGTON ST		CITY-ST-ZIP				ļ	
TITLE	OVEIDO FL 32765	☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME				ļ	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP		·			
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME	,				
STREET ADDRESS	}		STREET ADDRESS					

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

Addition