2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 516287** Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** BILL IRLE RESTAURANT, INC. 01-19-2000 90288 037 ***150.00 Mailing Address Principal Place of Business 1310 N. FORT HARRISON AVENUE 1310 N. FORT HARRISON AVENUE CLEARWATER FL 34615 CLEARWATER FL 33755-2418 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1692332 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent IRLE, WIELAND Street Address (P.O. Box Number is Not Acceptable) 1310 N. FORT HARRISON AVENUE **CLEARWATER FL 33755** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME IRLE, WIELAND STREET ADDRESS STREET ADDRESS 1402 N FORT HARRISON AVE CITY-ST-ZIP CITY-ST-7IP **CLEARWATER FL** ☐ Addition ☐ Change ☐ Delete TITLE TITLE IRLE, YVONNE NAME NAME STREET ADDRESS STREET ADDRESS 1402 N FORT HARRISON AVE CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

IRUF I/IV/2000

(727)446-5683

CR2E034 (9/99)