## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # 520322** Apr 04, 2000 8:00 am Secretary of State 1. Entity Name **BURRITO BROTHERS TACO COMPANY** 04-04-2000 90045 018 \*\*\*150.00 Mailing Address Principal Place of Business 16 NW 13TH ST 16 NW 13TH ST GAINESVILLE FL 32601-5124 GAINESVILLE FL 32601 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1710466 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AKERSON, RANDALL B. Street Address (P.O. Box Number is Not Acceptable) 3905 N.W. 20 LANE GAINESVILLE, FL 32605 Zip Code City Fl 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, DATE (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 $\Box$ Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE ☐ Change Delete TITLE DANY, ERIC WAYNE NAME NAME STREET ADDRESS STREET ADDRESS 16 THORNWOOD CT CITY-ST-ZIP CITY-ST-ZIP MOLINE IL 61265 ☐ Addition Change Delete TITLE TITLE DANY, ERIC WAYNE NAME NAME STREET ADDRESS STREET ADDRESS 16 THORNWOOD CT CITY-ST-ZIP CITY-ST-7IP MOLINE IL 61265 ☐ Change ☐ Addition ☐ Delete TITLE AKERSON, JANET G. NAME NAME STREET ADDRESS STREET ADDRESS 3905 N.W. 20 LANE CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE, FL 00000 Change ☐ Addition Delete TITLE TITLE AKERSON, RANDALL NAME STREET ADDRESS STREET ADDRESS 3905 N.W. 20 LANE CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE, FL 00000 Change ☐ Addition ☐ Delete TITLE 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-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:

July 15 Quish & Ollsnep G. Akerson

4.1.11

352-335-7257

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Daylime Phone #