

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 694798**

1. Entity Name

ROYAL SANDWICH COMPANY, INC.

Principal Place of Business

**4211 D NORTH SHORE DRIVE
WEST PALM BCH FL 33407**

Mailing Address

**4211 D NORTH SHORE DRIVE
WEST PALM BCH FL 33407**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**BRYAN, DONALD J. JR.
3898 LIGHTHOUSE DR
PALM BCH GDN FL 33410**

7. Name and Address of New Registered Agent

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

TITLE ☒ V ☐ Delete
NAME **BRYAN, ROSALIE P**
STREET ADDRESS **501 LIGHTHOUSE DRIVE**
CITY-ST-ZIP **N PALM BEACH FL**TITLE ☒ V ☐ Delete
NAME **BRYAN, DONALD J. JR.**
STREET ADDRESS **3898 LIGHTHOUSE DR**
CITY-ST-ZIP **PALM BCH GDN FL**TITLE ☒ T ☒ Delete
NAME **BRYAN, JOSEPH P.**
STREET ADDRESS **8166 WOODRUFF LANE**
CITY-ST-ZIP **PALM BCH GARDENS FL 33418**TITLE ☒ S ☐ Delete
NAME **KEARNS, FRANCIS X.**
STREET ADDRESS **2086 RADNOR COURT**
CITY-ST-ZIP **JUPITER FL**TITLE ☒ P ☐ Delete
NAME **BRYAN, DONALD J SR**
STREET ADDRESS **501 LIGHTHOUSE DR**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**TITLE ☐ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: *Donald J. Bryan Sr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD J. BRYAN SR**2-6-01**

Date

561 842-4959

Daytime Phone #

**FILED
Feb 08, 2001 8:00 am
Secretary of State**

02-08-2001 90173 048 ***150.00

714002

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2112358**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

0622197

CR2E034 (10/00)