

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90136 038 ***150.00

DOCUMENT # 825529

1. Entity Name

LONG JOHN SILVER'S, INC.

Principal Place of Business

Mailing Address

P.O. BOX 11988
LEXINGTON KY 40579
US

P.O. BOX 11988
LEXINGTON KY 40579-1988
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **61-0703028**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 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 **D** ☒ Delete
NAME **TOWE, ROLF H.**
STREET ADDRESS **63 ROCKWOOD LANE**
CITY-ST-ZIP **GREENWICH CT**

TITLE **Director** ☒ Change ☐ Addition
NAME **Sidney J. Feltenstein**
STREET ADDRESS **5328 N. Bay Rd**
CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE **PCEO** ☒ Delete
NAME **CRANOR III, JOHN M.**
STREET ADDRESS **300 W VINE STREET**
CITY-ST-ZIP **LEXINGTON KY**

TITLE **President COO** ☒ Change ☐ Addition
NAME **Ronald R. Powell**
STREET ADDRESS **750 The Grange Lane**
CITY-ST-ZIP **Lexington, Ky 40511**

TITLE **D** ☒ Delete
NAME **EUGENE P. LYNCH**
STREET ADDRESS **201 W. 72ND ST., ATPE 18A**
CITY-ST-ZIP **NEW YORK NY**

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

TITLE **VPS** ☒ Delete
NAME **SHIVES, PAULA J.**
STREET ADDRESS **1889 BLAIRMORE ROAD**
CITY-ST-ZIP **LEXINGTON KY**

TITLE **Sr VP, Sec** ☒ Change ☐ Addition
NAME **Forrest W. Raggsdale III**
STREET ADDRESS **1020 Fincastle Rd**
CITY-ST-ZIP **Lexington, Ky 40502**

TITLE **VPT** ☐ Delete
NAME **JASKO, GREGORY**
STREET ADDRESS **4840 PLEASANT GROVE ROAD**
CITY-ST-ZIP **LEXINGTON KY**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory M. Jasko

Date

606-388-6000
Daytime Phone #