

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 838045

FILED
Apr 15, 2002 8:00 AM
Secretary of State

Entity Name: TAVERN RESTAURANT GROUP, INC.

Current Principal Place of Business:

11385 MONTGOMERY RD
STE 210
CINCINNATI, OH 45249 US

New Principal Place of Business:

Current Mailing Address:

11385 MONTGOMERY ROAD
STE 210
CINCINNATI, OH 45249 US

New Mailing Address:

FEI Number: 61-0843459 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, DESHA N JR
180 CHANNEL DRIVE
NAPLES, FL 339639142 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SVP () Delete
Name: SANDERS, DESHA JR
Address: 180 CHANNEL DRIVE
City-St-Zip: NAPLES, FL

Title: PD () Delete
Name: SANDERS, WALLACE
Address: 11385 MONTGOMERY RD, STE 210
City-St-Zip: CINCINNATI, OH 45249

Title: SD () Delete
Name: SMITH, MARY E
Address: 1809 DALNA DR.
City-St-Zip: LEXINGTON KY,

Title: D () Delete
Name: SIMMONS, GAYLE S
Address: 6840 SABLE RIDGE LANE
City-St-Zip: NAPLES, FL

Title: T () Delete
Name: HENSLEY, TOM
Address: 11385 MONTGOMERY RD, STE 210
City-St-Zip: CINCINNATI, OH 45249

Title: VP () Delete
Name: YOUNG, DAVID R
Address: 11385 MONTGOMERY RD, STE 210
City-St-Zip: CINCINNATI, OH 45249

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM HENSLEY

TRES

04/15/2002

Electronic Signature of Signing Officer or Director

Date