

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000563**

1. Entity Name

ALL FOODS ORLANDO, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 31 AM 9:10



MJH

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**C/O CHRISTOPHER C. BROCKMAN, ESQ.
2 SOUTH ORANGE AVENUE
ORLANDO FL 32801**

Mailing Address
**120 INTERSTATE N. PKWY E.
SUITE 112
ATLANTA GA 30339-2103**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-3184033**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**BROCKMAN, CHRISTOPHER C. ESQ.
2 SOUTH ORANGE AVENUE
ORLANDO FL 32801**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	A93000000949
NAME	SANDWICH ONE VENTURE, LTD.
STREET ADDRESS	120 INTERSTATE N. PKWY E.
CITY - ST - ZIP	ATLANTA GA 30339
DOCUMENT #	P25586
NAME	the Philly Franchising Company
STREET ADDRESS	120 Interstate N. Pkwy E # 112
CITY - ST - ZIP	Atlanta, GA 30339-2103
DOCUMENT #	
NAME	Amendment filed
STREET ADDRESS	on 5/31/00
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	600003275796--9
CITY - ST - ZIP	06/05/00 01005-007
STREET ADDRESS	PP 8741, 25
CITY - ST - ZIP	****141.25 ****141.25
STREET ADDRESS	
CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JAN 26 / 2000 **7709526152**

Date Daytime Phone #