

# 2001 UNIFORM BUSINESS REPORT (UBR)

0012662 AF

**DOCUMENT # A95000000259**

1. Entity Name  
**SHONEY'S OF MARIANNA, LIMITED**

**FILED**

*ny*

Principal Place of Business  
**2193 HWY. 71  
MARIANNA FL 32448**

Mailing Address  
**P.O. BOX 5768  
MARIANNA FL 32447**

**01 APR -6 PM 12: 23**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



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

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

DO NOT WRITE IN THIS SPACE

City & State  
City & State

Zip  
Country

Zip  
Country

4. FEI Number  
**58-2227027**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILKINSON, THOMAS C  
2881 JEFFERSON STREET  
MARIANNA FL 32447**

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. **\$275,000.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>P94000064433</b>	STREET ADDRESS	<b>700003995417--0</b>
NAME	<b>SHO-MAR, INC.</b>	CITY-ST-ZIP	<b>04/12/01 01121 021</b>
STREET ADDRESS	<b>2193 HWY. 71</b>		<b>****526.25 ****526.25</b>
CITY-ST-ZIP	<b>MARIANNA FL 32448</b>		
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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-4-01**

Date Daytime Phone #

CR2E003 (11/00)