

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90060 003 ***158.75

DOCUMENT # F00000006525

1. Entity Name

OS RESTAURANT SERVICES, INC.



Principal Place of Business

2202 NORTH WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607

Mailing Address

2202 NORTH WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3549811**

Applied For

Not Applicable

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

KADOW, JOSEPH

2202 NORTH WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCOO
BASHAM, ROBERT
2202 NORTH WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D, P, COO
Basham, Robert D. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
SULLIVAN, CHRIS T
2202 NORTH WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D, C, CEO
Sullivan, Chris T. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GANNON, JOHN T
2202 NORTH WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Srv, D
Gannon, J. Timothy ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
MERRITT, ROBERT S
2202 NORTH WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Srv, T, D
Merritt, Robert S. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
KADOW, JOSEPH J
2202 NORTH WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
see attached
for additional officers ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
AVERY, PAUL E
2202 NORTH WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D, V
Avery, Paul E. ☒ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph J. Kadow

Date

1/9/03 (813) 282-1225

Daytime Phone #

CR2E034 (10/02)

90007248
~~Attachment~~

OS RESTAURANT SERVICES, INC.
Florida Doc # F00000006525

Additional Officers:

| | |
|-----------------------|----------------|
| Steven T. Shlemon | Vice President |
| A. William Allen, III | Vice President |
| Debra A. Eybers | Vice President |
| John W. Cooper | Vice President |

all at the following address:

2202 N. West Shore Boulevard, 5th Floor, Tampa, FL 33607