2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F14637 1. Entity Name

C. H. DENNY CORP.

Principal Place of Business

6624 SW 37 WAY P.O. BOX 1084

NY

Mailing Address

6624 SW 37 WAY P.O. BOX 1084

GAINESVILLE FL 32608-5103

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2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number NOT APPLICABLE	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 A	Agent	
			Name		حــــ بـــ	
DENNY, CHARLES III 6624 SW 37TH WAY GAINESVILLE FL 32608			Street Add	Street Address (P.O. Box Number is Not Acceptable)		
			·		<u></u>	
			City	<u>FL</u>	Zip Code	
8. The above			s registered office or re	egistered agent, or both, in the State of Florida. required when reinstating) DATE		
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so ria on back)	- After MAY 172	!!! FEE IS \$150.00 000 Fee will be \$550 ble to Department o	7.00 Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE NAME	DP DENNY, CHARLES H, III	☐ Delete	TITLE NAME STREET ADDRESS		Change Addition	
STREET ADDRESS CITY-ST-ZIP	6624 S.W. 37 WAY GAINESVILLE, FL 00000 32608		CITY-ST-ZIP			
TITLE	****	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	•		NAME		ſ	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		□ Delete	TITLE		☐ Change ☐ Addition	
NAME			- NAME-	سميد سيسيد والمتشاء سيسيد		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	1		
TITLE	***	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS	I		STREET ADDRESS	•	ı	

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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

NING OFFICER OR DIRECTOR

DENNY TIL 2-10-00 352372

Date Daytime Phone *

Apr 22, 2000 8:00 am Secretary of State

04-22-2000 90067 025 ***150.00

:RZE034 (9/99)