

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F59248

Entity Name

HARLIE BROWN'S OF BRADENTON, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90078 013 ***150.00

Principal Place of Business Mailing Address
RESTAURANT ASSOC. % RESTAURANT ASSOC.
WEST 45TH ST. 120 WEST 45TH ST.
YORK NY 10036 NEW YORK NY 10036-4041

913058



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number 13-3100602 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 Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|---|---------------------------------|
| VP STOCKINGER, RICHARD C. 10 OLD CHESTER DRIVE PARSIPPANY NJ 07054 | <input type="checkbox"/> Delete |
| S JONES, LAURENCE 7 EUCLID PLACE MONTCLAIR NJ 07042 | <input type="checkbox"/> Delete |
| DP VALENTI, FORTUNATO 135 COVE NECK ROAD OYSTER BAY NY 11771 | <input type="checkbox"/> Delete |
| T FORREST, JOHN 38 NORFOLK AVE MAPLEWOOD NJ | <input type="checkbox"/> Delete |
| | <input type="checkbox"/> Delete |
| | <input type="checkbox"/> Delete |

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RICHARD
STOCKINGER VP 1-21-00 212 789-8100

CR2E034 (9/99)