

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F93000005425**

1. Entity Name

**SPOONERS SNAPPY TOMATO PIZZA COMPANY****FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90258 044 \*\*\*150.00

0604286

Principal Place of Business

Mailing Address

2510 SE 17TH ST  
SUITE C  
OCALA FL 41051  
USP O BOX 336  
FLORENCE KY 41022-0336  
US**794007**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **61-1235336**

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

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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, 2001 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C**  
**DETERS, CHARLES H**  
**333 GREEN ROAD**  
**WALTON KY 41094** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**FIELDS, BRIAN**  
**7230 TURFANY RD**  
**FLORENCE KY 41042** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**DETERS, ERIC**  
**12029 SOUTHRIDGE DRIVE**  
**WALTON KY 41094** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**REISS, FRED**  
**7230 TURFWAY RD**  
**FLORENCE KY** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**Neil Stiegelmeier**  
**7230 Turfway Road**  
**Florence, KY 41042** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S**  
**DETERS, JEREMY**  
**7230 TURFANY RD**  
**FLORENCE KY 41042** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
**7230 Turfway Road**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**DETERS, NATHAN**  
**7230 TRUFANY RD**  
**FLORENCE KY 41042** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
**7230 Turfway Road**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

859-525-4680

Daytime Phone #

CR2E034 (10/00)