

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F96000001053**

1. Entity Name

VILLAGER FRANCHISE SYSTEMS, INC..

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90003 030 ***550.00

Principal Place of Business
6 Sylvan Way
Parsippany, NJ 07054

Mailing Address
6 Sylvan Way
Parsippany, NJ 07054

00072792

2. Principal Place of Business
6 Sylvan Way
Suite, Apt. #, etc.

3. Mailing Address
6 Sylvan Way
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Parsippany, NJ

City & State
Parsippany, NJ

4. FEI Number
22-3333-766

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CT CORPORATION
1200 South Pine Island Road
Plantation, FL 33324

7. Name and Address of New Registered Agent

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 the 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, 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**

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	☐ Delete		TITLE	☐ Change	☐ Addition	
NAME	Kenneth Rodgers,			NAME			
STREET ADDRESS	6 Sylvan Way			STREET ADDRESS			
CITY-ST-ZIP	Parsippany, NJ 07054			CITY-ST-ZIP			
TITLE	S	☐ Delete		TITLE	☐ Change	☐ Addition	
NAME	Eric J. Bock			NAME			
STREET ADDRESS	6 Sylvan Way			STREET ADDRESS			
CITY-ST-ZIP	Parsippany, NJ 07054			CITY-ST-ZIP			
TITLE	T	☐ Delete		TITLE	☐ Change	☐ Addition	
NAME	Duncan Cocroft			NAME			
STREET ADDRESS	6 Sylvan Way			STREET ADDRESS			
CITY-ST-ZIP	Parsippany, NJ 07054			CITY-ST-ZIP			
TITLE	VP	☐ Delete		TITLE	☐ Change	☐ Addition	
NAME	Joseph Huber			NAME			
STREET ADDRESS	6 Sylvan Way			STREET ADDRESS			
CITY-ST-ZIP	Parsippany, NJ 07054			CITY-ST-ZIP			
TITLE	D	☐ Delete		TITLE	☐ Change	☐ Addition	
NAME	Stephen Holmes			NAME			
STREET ADDRESS	6 Sylvan Way			STREET ADDRESS			
CITY-ST-ZIP	Parsippany, NJ 07054			CITY-ST-ZIP			
TITLE	D	☐ Delete		TITLE	☐ Change	☐ Addition	
NAME	James E. Buckman			NAME			
STREET ADDRESS	6 Sylvan Way			STREET ADDRESS			
CITY-ST-ZIP	Parsippany, NJ 07054			CITY-ST-ZIP			

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: Joseph Huber **Joseph Huber** **6/15/2000** **973-496-5036**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #