

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001259

1. Entity Name

ERA FRANCHISE SYSTEMS, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90154 002 ***550.00

Principal Place of Business

Mailing Address

6 Sylvan Way
Parsippany, NJ 070546 Sylvan Way
Parsippany, NJ 07054

00072248

2. Principal Place of Business
6 Sylvan Way3. Mailing Address
6 Sylvan Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Parsippany, NJCity & State
Parsippany, NJ4. FEI Number
22-34-19810Applied For
Not ApplicableZip Country
07054 USAZip Country
07054 USA5. 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

CT CORPORATION
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 fee if applicable

(NOTE: Registered Agent's 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 State10. 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

PCOO Burgdorff, Peter D. 6 Sylvan Way Parsippany, NJ 07054 D/V	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
Buckman, James E. 6 Sylvan Way Parsippany, NJ 07054	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
S Bock, Eric J. 6 Sylvan Way Parsippany, NJ 07054	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
T Cocroft, Duncan 6 Sylvan Way Parsippany, NJ 07054	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
VP Huber, Joseph 6 Sylvan Way Parsippany, NJ 07054	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
DCOB Smith, Richard A. 6 Sylvan Way Parsippany, NJ 07054	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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

Joseph Huber

6/15/2000

Date

973-496-5036

Customer Phone #

CR2E031 (9/96)