## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **F96000004558** 1. Entity Name PROFESSIONAL FOOD-SERVICE MANAGEMENT, INC. Mailing Address Principal Place of Business % TAX DEPARMENT TAX DEPARMENT YORKMONT ROAD 2400 YORKMONT ROAD

## FILED Apr 20, 2000 8:00 am Secretary of State

04-20-2000 90028 039 \*\*\*150.00

MANUTURE NC 28217		CHARLOTTE NC 28217-4511 US			1/88/1661	NI <b>a (d</b> is <b>a a</b> nghi <b>ar</b> nik <b>di</b> nish i	1821 <b>42</b> 10 <b>41</b> 12 <b>1</b>	11881 81181 8117	) (81) (88)
2. Principal P	ncipal Place of Business  3. Mailing Address			•					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRIT	TE IN THIS SF	'ACE	
City & State		City & State		4. FEI Numb	er 56-1981761		, <del>                                    </del>	plied For t Applicable	
Zip Country		Zip	Country		5. Certificate	of Status Desired		8.75 Add	
***	6. Name and Address of Current I	Registered Agent	İ			Address of New R		jent	
		ے ۔. <i>۔۔</i> بہر	<u>~</u> ~~~	Name	The second second	بسر متحمدالسدات		جرتسته <sup>ي</sup>	_
1200	CORPORATION SYSTEM SOUTH PINE ISLAND ROAD	,	-	Street Address	(P.O. Box Number	er is Not Acceptable	)		
PLAN	ITATION FL 33324		-	City			FL	Zip Code	3
8. The above	named entity submits this statement for	the purpose of changing its	s registered	office or registr	ered agent, or bo	th, in the State of Flo	orida.		
SIGNATURE	Construe hand or printed come of registered agent a	and this it analisable (NO)	TE: Begietered A	Agent signature requir	erl when reincisting)		DATE	· · · · ·	
	Signature, typed or printed name of registered agent a				eo when remaining)		UNIC		
Tax filing r	pration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of Sta			Tri	ection Campaign Fin ust Fund Contribution			May Be to Fees
11.	· · · OFFICERS AND I	DIRECTORS	12.		ADDITIONS	CHANGES TO OFF	ICERS AND D	DIRECTORS	3 IN 11
TITLE	CEOD	<b>⊠</b> Delete	TITLE	C.F	0 + Dive			Change	Addition
NAME	BAILEY, MICHAEL J	22 0000	NAME			Ondrot			
STREET ADDRESS	2400 YORKMONT ROAD		STREET	ADDRESS QUE	o Yorkm	on t Rd			
CITY-ST-ZIP	CHARLOTTE NC 28217		CITY-S	T-ZIP C	avlotte 1	10 2821	<u> </u>		
TITLE	CFOD	Delete	TITLE		<del>-</del> Ø		1	Change	Addition
NAME	GREEN, GARY R		NAME					, -	ار
STREET ADDRESS	2400 YORKMONT ROAD			ADDRESS		•			
CITY-ST-ZIP	CHARLOTTE NC 28217		CITY-S	T- ZIP					
TITLE	P	☐ Delete	TITLE			~		☐ Change	☐ Addition
NAME	SWEENEY, STEVEN M		NAME	1				7-1-1	
STREET ADDRESS	2400 YORK MONT RD		STREET CITY-S	ADDRESS					
CITY-ST-ZIP	CHARLOTTE NC 28217	<del></del>		1-21	<u> </u>	Dimolos		<b>57</b> Au	
TITLE	S LATIPEN A	☐ Delete	TITLE	∞	CIVET	DIVECTOR		<b>M</b> Change	☐ Addition
NAME CYRCET ADDRESS	STOERY, LAUREN A		NAME	ADDRESS					4
STREET ADDRESS CITY-ST-ZIP	2400 YORKMONT ROAD		CITY-S						
	CHARLOTTE NC 28217	1770	_	V C	- C - A			☐ Change	Addition
TITLE NAME	VILLEDALL   K	Delete	TITLE NAME	1773	st. Sec. ShillipWell so Yorkmon	. \$		Gridings	A. Vogition
STREET ADDRESS	KIMBALL, J K 2400 YORKMONT ROAD			ADDRESS C. V	AVIII DOS	t ra.			
CITY-ST-ZIP	CHARLOTTE NC 28217		CITY-S	T-ZIP	avote, vo	28217			
TITLE	V	Delete	TITLE		st Sec		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	PANDE, JAMES R	Delete	NAME	0.5	chard J.	Prositrit			
STREET ADDRESS	2400 YORKMONT ROAD			ADDRESS SUL	00 Yorkin	A TO			
CITY-ST-ZIP	CHARLOTTE NC 28217		CITY-S	T-ZIP	vavlotte.	NC 282	47		

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