

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2001 8:00 am**  
**Secretary of State**

07-17-2001 90094 048 \*\*\*550.00

0133970  
 AT

**DOCUMENT # F97000002437**

1. Entity Name

**FIVE STAR FOOD SERVICE, INC.**

Principal Place of Business

**1221 VENDMORE DR  
 DALTON GA 30721  
 US**

Mailing Address

**1221 VENDMORE DR  
 DALTON GA 30721  
 US**

**00059002**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

**58-2225899**

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

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

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

*[Handwritten Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**7-10-01**

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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 **D** ☐ Delete  
 NAME **MOCK, LAWRENCE E JR**  
 STREET ADDRESS **ONE MELLON BANK CENTER., #3200 5300**  
 CITY-ST-ZIP **PITTSBURGH PA 15258**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **CEOP** ☐ Delete  
 NAME **NUGENT, MICHAEL W**  
 STREET ADDRESS **1221 VENDMORE DR**  
 CITY-ST-ZIP **DALTON GA 30721**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **NUGENT, MICHAEL W**  
 STREET ADDRESS **1221 VENDMORE DR**  
 CITY-ST-ZIP **DALTON GA 30721**

TITLE **D** ☐ Change ☒ Addition  
 NAME **ELAN SCHULTZ**  
 STREET ADDRESS **SG CAPITAL PARTNERS, LLC**  
 CITY-ST-ZIP **1221 AVE. OF THE AMERICANS - 15TH FLOOR  
 NEW YORK, N.Y. 10020**

TITLE **D** ☐ Delete  
 NAME **DEXTER, GREGORY A**  
 STREET ADDRESS **3445 PEACHTREE RD., STE 625**  
 CITY-ST-ZIP **ATLANTA GA 30326**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **TWO LIVE OAK Center**  
 CITY-ST-ZIP **3445 Peachtree Rd. STE 625  
 ATLANTA, GA 30326**

TITLE **D** ☐ Delete  
 NAME **ARNOLD, CLAIRE L**  
 STREET ADDRESS **248 THE PRADO NORTHEAST**  
 CITY-ST-ZIP **ATLANTA GA 30309**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **LEAPFROG SERVICES, INC.**  
 CITY-ST-ZIP **1904 MONROE DR STE 110  
 ATLANTA, GA 30324-4859**

TITLE **CFOT** ☐ Delete  
 NAME **DOTSON, RICHARD D SR**  
 STREET ADDRESS **1221 VENDMORE DR**  
 CITY-ST-ZIP **DALTON GA 30721**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-10-01**

Date

**706-260-2605**

Daytime Phone #

CR2E034 (5/01)