## **2000 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # EOZOOOOO71

1. Entity Nan	RESTAURANTS, INC.	03071		)	Jan 27, 2 Secreta 01-27-2000 9	000 8: ry of S	tate
Principal Plac	ce of Business	Mailing Address	<u> </u>				
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2. Principal F	Place of Business	3. Mailing Address					<u> </u>
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPACE	
City & Star	to.	City & State		1	FEI Number OF 0407000		Applied For
Oily & Ola	16	Only a charc		7. '	95-2407223		Not Applicable
Zip	Country	Zip	Country		Operation of Status Desired	\$8.75	Additional
					Certificate of Status Desired	Fee Requ	iìred
	6. Name and Address of Current	Registered Agent	None	7. 1	Name and Address of New Reg	istered Agent	
			Name	v.			
C T CORPORATION SYSTEM			Street	Address (P.O. B	ox Number is Not Acceptable)		
	SOUTH PINE ISLAND ROAD					<u> </u>	\
PLAN	NTATION FL 33324						
			City			FL   Zip C	Code
<b>5.</b> (///5 d.55)	e named entity submits this statement for	tile barbass or streeting to	rogiolo/on aman				
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTI	E: Registered Agent signa	ature required when re	einstating)	DATE	
	Signature, typed or printed name of registered agent a	FILE NOW!	!!! FEE IS \$150	.00			i OO May Ro
9. This corporate Tax filing		FILE NOW!	!! FEE IS \$150 00 Fee will be \$	.00 550.00	10. Election Campaign Finan Trust Fund Contribution.	 cing <b>\$5</b>	5.00 May Be ded to Fees
9. This corporate filling (See crite	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW! After MAY 1, 20 Make Check Payab	!! FEE IS \$150 00 Fee will be \$	.00 550.00 nt of State	10. Election Campaign Finan	cing \$5	ded to Fees
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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.

CITY-ST-ZIP

SIGNATURE:

SPARTANBURG SC 29319

CITY-ST-ZIP