

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003071

1. Entity Name

JOJOS RESTAURANTS, INC.

Principal Place of Business

Mailing Address

E MAIN ST
P-11-1
SPARTANBURG SC 29319
US

203 E MAIN ST
P-11-1
SPARTANBURG SC 29319-0001
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-2407223

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
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 title 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
NAME BUSHEY, CRAIG S
STREET ADDRESS 3355 MICHELSON DR., STE 350
CITY-ST-ZIP IRVINE CA 92612

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

TITLE VSD ☐ Delete
NAME PARISH, RHONDA J
STREET ADDRESS 203 E MAIN STREET
CITY-ST-ZIP SPARTANBURG SC 29319

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

TITLE VPT ☐ Delete
NAME JAMES, KENNETH E
STREET ADDRESS 203 E MAIN ST
CITY-ST-ZIP SPARTANBURG SC 29319

TITLE ☒ Change ☐ Addition
NAME Jones, Kenneth E.
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME WEXLER, PAUL R
STREET ADDRESS 203 E MAIN STREET
CITY-ST-ZIP SPARTANBURG SC 29319

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

TITLE VPAS ☐ Delete
NAME BARRETT, ROBERT M
STREET ADDRESS 203 E MAIN STREET
CITY-ST-ZIP SPARTANBURG SC

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

TITLE VPAS ☐ Delete
NAME NELL, ROSS A
STREET ADDRESS 203 E MAIN ST
CITY-ST-ZIP SPARTANBURG SC 29319

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Geoffrey I. Christian
Asst. Secretary

Date

Daytime Phone #

1/16/00

864/597-8774



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)