

2000 UNIFORM BUSINESS REPORT (UBR)

0566113

DOCUMENT # F99000002099

1. Entity Name

RISING STAR RESTAURANT CORPORATION

FILED

00 APR 17 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1502 COLONEL DR
GARLAND TX 75043

1502 COLONEL DR
GARLAND TX 75043-1219

2. Principal Place of Business

8008 Cedar Springs Rd. #100

3. Mailing Address

P.O. Box 36122

Suite, Apt. #, etc.

#100

Suite, Apt. #, etc.

City & State

DALLAS TX

City & State

DALLAS TX

4. FEI Number

75-2513488

Applied For

Not Applicable

Zip

75235

Country

USA

Zip

75235

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CRAMER, KEVIN
14912 GLASCOW CT
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd.
City PLANTATION FL Zip Code 33324

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

C. Morales

Special Asst. Secretary

3/22/00

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

TITLE	C	<input type="checkbox"/> Delete
NAME	LAWHORNE, DON	
STREET ADDRESS	12655 N. CENTRAL, SUITE 710	
CITY-ST-ZIP	DALLAS TX 75243	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, STEVE	
STREET ADDRESS	12655 N. CENTRAL, SUITE 710	
CITY-ST-ZIP	DALLAS TX 75243	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DI MEO, STEVE	
STREET ADDRESS	1502 COLONEL DR	
CITY-ST-ZIP	GARLAND TX 75043	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000003217180--3	
CITY-ST-ZIP	-04/20/00-01097-002	
TITLE	****976.25	<input checked="" type="checkbox"/> Addition
NAME	****150.00	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAM TALKINGTON	
STREET ADDRESS	8008 Cedar Springs Rd. #100	
CITY-ST-ZIP	DALLAS TX 75235	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SAM TALKINGTON

Date

Daytime Phone #

214-351-0054

TS