

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G03507

1. Entity Name

SABO'S PIZZA, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90060 011 ***150.00

Principal Place of Business

Mailing Address

7448 HWY 21 N
KEYSTONE HGTS FL 32656
US

P.O. BOX 698
KEYSTONE HGTS FL 32656-0698
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2281709

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 -

PREVATT, MYRON C., JR
PALMETO AND NIGHTINGALE, P.O. DRAWER 790
KEYSTONE HEIGHTS FL 32656

Name

Eraine L Sabo

Street Address (P.O. Box Number is Not Acceptable)

8409 SR 100

City

Melrose

FL

Zip Code

32666

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

Eraine L. Sabo, Sec. Treas

Eraine L. Sabo

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
SABO, ERAINE L
5475 SE 3RD AVE
KEYSTONE HGTS, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
same
same
8409 SR 100
Melrose FL 32666 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SABO, ROBERT J
5475 SW 3RD AVE
KEYSTONE HGTS, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
same
same
8409 SR 100
Melrose FL 32666 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SABO JR, ROBERT J
8409 SR 100
MELROSE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
same
same
5319 CR 362
Keystone Hgts FL 32656 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

Eraine L. Sabo, S/T (Eraine L. Sabo) 1-14-00 (352) 473-2807

Date

Daytime Phone #

CR2E034 (9/99)