2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 13, 2000 8:00 am Secretary of State **DOCUMENT # G33277** 1. Entity Name ANTHONY'S RESTAURANT, INC. 04-13-2000 90020 019 ***163.75 Principal Place of Business Mailing Address % RICHARD T. ANTHONY % RICHARD T. ANTHONY 1950-G THOMASVILLE RD. 1950-G THOMASVILLE RD. AUU38732 TALLAHASSEE FL 32303 TALLAHASSEE FL 32303-5262 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2278480 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANTHONY, RICHARD T. Street Address (P.O. Box Number is Not Acceptable) 1950-G THOMASVILLE RD. TALLAHASSEE FL 32303 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition ☐ Delete TITLE TITLE ANTHONY, RICHARD T NAME NAME 1950-G THOMASVILLE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 00000 ST ☐ Delete TITLE ☐ Change Addition TITLE ANTHONY, DENISE B. NAME NAME STREET ADDRESS 1950-G THOMASVILLE RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP

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 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

T. ANTHONY

4/11/00

224-1447

Daytime Phone #