2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G33277

1. Entity Name

ANTHONY'S RESTAURANT, INC.



FILED Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90143 046 ***150.00

% RICHARD 1 1950-G THOM TALLAHASSEI	ASVILLE RD.	% RIC 1950-G TALLA	Mailing Address % RICHARD T. ANTHONY 1950-G THOMASVILLE RD. TALLAHASSEE FL 32303 3. Mailing Address									
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				. — — OHEOV HERE IE M/	VEINIC CHAN	IGES			
·							☐ CHECK HERE IF MAKING CHANGES					
City & Stat	e	City	City & State			4. FEI Number 59-2278480			Applied For Not Applicable			
Zip	Country	Zip	ip 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							
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	/, RICHARD T.		Street Address			ss (P.O. Bo	(P.O. Box Number is Not Acceptable)					
	HOMASVILLE RD.						•				ļ	
TALLAHASSEE FL 32303												
				•	City		1	FL Zip	Code			
	named entity submits this statement	t for the purpo	se of changing its	registere	d office or regis	stered age	ent, or both, in the State of Florida.	l am familiar	with, ε	ind accept	1	
the obliga	tions of registered agent.											
SIGNATURE	<u> </u>											
	Signature, typed or printed name of registered ag	ent and title if appli	cable. (NOT	E: Registered	Agent signature requ	uired when rei	instating)	DATE	•		-	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department		tate				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.					
10.	OFFICERS AN	ND DIRECTOR	RS	11.		AD	DITIONS/CHANGES TO OFFICERS	S AND DIREC	TORS	IN 11	_ ا	
NAME. STREET ADDRESS	PD ANTHONY, RICHARD T 1950-G THOMASVILLE RD TALLAHASSEE, FL 00000		☐ Delete					☐ Chi	ınge	Addition	00/01/00	
CITY-ST-ZIP	·	•								☐ Addition	7	
TITLE NAME	ST ANTHONY, DENISE B.		☐ Delete	TITLÉ				☐ Chi	inge	Addition	Ç	
STREET ADDRESS	1950-G THOMASVILLE RD.	i			T ADDRESS							
CITY-ST-ZIP	TALLAHASSEE FL			. CITY-	ST-ZIP							
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12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD T. ANTHONY 4/

850 W 14

Daytime Phone