2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

Apr 17, 2001 8:00 am Secretary of State **DOCUMENT # G40679** 1. Entity Name ROOSTER'S RESTAURANT, INC. 04-17-2001 90068 006 ***150.00 Principal Place of Business Mailing Address 7100 SOLITHGATE BLVD 7100 SOUTHGATE BLVD N LAUDERDALE FL 33068 N LAUDERDALE FL 33068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2308418 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KUPFER, LAWRENCE M. Street Address (P.O. Box Number is Not Acceptable) 1700 UNIVERSITY DR.,#110 CORAL SPGS, FL 33071 City Zip Code FL 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) 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, 2001 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 12. 11. ☐ Delete Change ☐ Addition TITLE COARTNEY, BETTY ANN NAME STREET ADDRESS 2604 N. MISSION ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEORIA IL VS ☐ Delete TITLE Change ☐ Addition TITLE COARTNEY, MICHAEL J. NAME NAME STREET ADDRESS 4255 NW 67TH WAY STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33067 CITY-ST-ZIP Delete ΠÜΕ - - Change ____ Addition_ TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITI F ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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