

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90064 026 \*\*\*150.00

**DOCUMENT # G58872**

1. Entity Name

**STS RESTAURANT CORPORATION**

Principal Place of Business

**1250 TAMiami TRAIL N  
 #302  
 NAPLES FL 34102  
 US**

Mailing Address

**1250 TAMiami TRAIL N  
 #302  
 NAPLES FL 34102  
 US**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 340**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Naples FL**

4. FEI Number **59-2319801**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34106 U.S.**

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

**SHELLABARGER, JERRY E  
 1250 TAMiami TRAIL N  
 #302  
 NAPLES FL 34102**

Name

**JERRY E. SHELLABARGER**

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

**1015 4th Street S**

City

**Naples**

FL

Zip Code

**34102**

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

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, 2001 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 **D** ☐ Delete  
 NAME **TURNER, GARY W**  
 STREET ADDRESS **1080 GOODLETTE ROAD N**  
 CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Change ☐ Addition  
 NAME **STEWART, Helen** ☒ Change ☐ Addition  
 STREET ADDRESS **126 Burning Spring Rd**  
 CITY-ST-ZIP **BELLE, WV**

TITLE **D** ☐ Delete  
 NAME **STEWART, ROBERT A. SR.**  
 STREET ADDRESS **126 BURNING SPRING RD.**  
 CITY-ST-ZIP **BELLE WV**

TITLE ☐ Change ☐ Addition  
 NAME **SHELLABARGER, JERRY E**  
 STREET ADDRESS **500 5TH AVENUE SO #524**  
 CITY-ST-ZIP **NAPLES FL**

TITLE **DP** ☐ Delete  
 NAME **SHELLABARGER, JERRY E**  
 STREET ADDRESS **500 5TH AVENUE SO #524**  
 CITY-ST-ZIP **NAPLES FL**

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

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 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

Date

Daytime Phone #

CR2E034 (10/00)