## 2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # G63552** 1. Entity Name THE FAMILY TREE RESTAURANT, INC.

## **FILED** Apr 30, 2001 8:00 am Secretary of State

04-30-2001 90003 030 \*\*\*150.00

Mailing Address 23 S. HWY. 41 MYERNESS R1. 34450 US N. HWY. 41 HYERNESS R1. 34450 US N. HWY. 41 HYE											
Note Note that the statement for the purpose of changing as registrated agricultured agriculture	Principal Place of Business Mailing Address										
Sullie, Apt. 4, etc.    City & State   City & City & City & State   City & City	INVERNESS FL		INVERNESS FL 34450	202 S. HWY. 41 INVERNESS FL 34450			<u>.</u> ፱፯ዾਦ •	•••·			
City & State    City & State   City & State   City & State   City & State   City & State   City   Country   State   Coun	Principal Place of Business     3. Mailing Address										
Zip Country Zip Country Size Co	Suite, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
Second Country   Seco	City & Sta	ite	City & State		4.	FEI Number 59-2320376					
FOUNTAS, JOHN 13901 SW 33RD TERRACE MARINO AANS OCALA FL 32673  8. The above named entity submits this statement for the purpose of changing its replatered diffice or registered agent, or both, in the State of Florida.  SIGNATURE  Syndam, loped or printed rame of representage agent and tole it applicable.  Prountage and tole it applicable.  SIGNATURE  Syndam, loped or printed rame of representage agent and tole it applicable.  Prountage and tole it applicable.  SIGNATURE  Syndam, loped or printed rame of representage agent and tole it applicable.  SIGNATURE  Syndam, loped or printed rame of representage agent and tole it applicable.  SIGNATURE  Syndam, loped or printed rame of representage agent and tole it applicable.  SIGNATURE  Syndam, loped or printed rame of representage agent and tole it applicable.  SIGNATURE  Syndam, loped or printed rame of representage agent and tole it applicable.  SIGNATURE  SYNDAM, SIGNATURE  SYNDAM, 13900 Teve will be 350.0.0.0  After MAY 1, 2001 Fee will be 350.0.0.0  After MAY 1, 2001 Fee will be 350.0.0.0  Make Check Rayable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 11  TILE  NAME  SYNDAM, SIGNATURE  SYNDAM, SIGNAM, S	Zip Country Zip			Country		5.	5 Certificate of Status Desired S8.75 Additional				
FOUNTAS, JOHN 13901 SW 33RD TERRACE MARION OAKS CCALA FL 32673  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  9. This corporation is eligible to satisfy its Intrang-ble Tax filling registered unlesses to do so (See criteria on back)  (After MAY 1, 2001 Fee will be \$\$50.00 Make Check Payable to Department of State  11. CFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE NAME POUNTAS, JOHN 13901 S.W. 33RD TERR  OTY-51-7P  OCALA FL  OLAGE  OTH-51-2P  OCALA FL  OCALA FL  OLAGE  OTH-51-2P  OCALA FL  OLAGE  OTH-51-2P  OCALA FL  OLAGE  OTH-51-2P  OCALA FL  OLAGE  OTH-51-2P  OTHE NAME SIRET ADDRESS OTY-51-2P  OTH-51-2P  OTH-		6. Name and Address of Current	Registered Agent		<u> </u>		Name and Address of New Regis				
### AUDITION S/CHANGES TO DEFICE RAND DIRECTORS  13901 S.W. 33RD TERRO  ### AUDITION S/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  POUNTAS, JOHN  13901 S.W. 33RD TERR  COLALA FL  10. Election Campaign Financing  Trust Fund Contribution.  13001 S.W. 33RD TERR  COLALA FL  10. Election Campaign Financing  Trust Fund Contribution.  \$5.00 May Be  Addellori  MAKE  STREET ADDRESS  CITY-51-2P  COLALA FL  10. Election Campaign Financing  Trust Fund Contribution.  \$5.00 May Be  Addellori  MAKE  STREET ADDRESS  CITY-51-2P  COLALA FL  10. Election Campaign Financing  Trust Fund Contribution.  \$5.00 May Be  Addellori  MAKE  STREET ADDRESS  CITY-51-2P  COLALA FL  CITY-51-2P  TITLE  Delete  TITLE  Delete  TITLE  MAKE  STREET ADDRESS  CITY-51-2P  COLALA FL  CITY-51-2P  TITLE  Delete  TITLE  MAKE  STREET ADDRESS  CITY-51-2P  COLALA FL  CITY-51-2P  TITLE  Delete  TITLE  MAKE  STREET ADDRESS  CITY-51-2P  COLALA FL  CITY-51-2P  TITLE  Delete  TITLE  MAKE  STREET ADDRESS  CITY-51-2P  TITLE  Delete  TITLE  MAKE  STREET ADDRESS  CITY-51-2P  TITLE  MAKE  STREET ADDRESS  CITY-51-2P  TITLE  Delete  TITLE  MAKE  STREET ADDRESS  CITY-51-2P  TITLE  MAKE	<u></u>		manage at the same of the same		Name		· ·				
CALA FL 32673  City FL Zip Code  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, lipsuitor created forms of requishered appeal and title if approach to PATE Plagitated Appeal displace requirement and a State of Florida.  9. This corporation is eligible to satisfy its Intang ble Tax filling requirement and elects to do so. (See criteria on back)		Street Address (P.O. Box Number is Not Acceptable)									
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   Signat											
SIGNATURE   Signature: typeut or primed furme of regetered agent and core if applicable   (NOTE Pregistered Agent Bignature required when retestating)   DATE		City			FL	Zip Cod	е				
Take fling requirement and elects to do so. (See criteria on back)   Make Check Payable to Department of State   Trust Fund Contribution.   Saturation   Saturati		·						DATE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Tax filing requirement and elects to do so After MAY 1, 2001 Fee			001 Fee	will be \$550.00	State	Trust Fund Contribution.		Added	to Fees	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADD	11.	OFFICERS AND	DIRECTORS	12.		AE	DDITIONS/CHANGES TO OFFICER	S AND D	IRECTORS	S IN 11	
TITLE NAME FOUNTAS, CATHERINE 13901 S.W. 33RD TERR CITY-ST-ZIP OCALA FL CTHANGE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADD	NAME STREET ADDRESS	FOUNTAS, JOHN 13901 S.W. 33RD TERR	☐ Delete	NAMI STRE	ET ADDRESS				☐ Change	☐ Addition:	
TITLE	NAME STREET ADDRESS	V FOUNTAS, CATHERINE 13901 S.W. 33RD TERR	☐ Delete	NAM! STRE	ET ADDRESS"			C	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS		Delete	NAMI STREE	ET ADDRESS				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	NAME STREE	ET ADDRESS			Ε	Change	Addition	
NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	NAME STREE	T ADDRESS	.w.p.			Change	☐ Addition	
	NAME STREET ADDRESS		☐ Delete	NAME STREE	T ADDRESS			Ε	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: \_