

# 2002 UNIFORM BUSINESS REPORT (UBR)

0098524 AV

DOCUMENT # **G93621**

1. Entity Name  
**C & L DINING, INC.**

FILED

02 OCT 14 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

12701 MCGREGOR BLVD  
FORT MYERS FL 33919

Mailing Address

12701 MCGREGOR BLVD  
FORT MYERS FL 33919

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2383519**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LAWLER, DIANE**  
**12932 ELM CREEK CT.**  
**FORT MYERS FL 33919**

7. Name and Address of New Registered Agent

Name

*Same*

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

**400008343474--2**

**-10/14/02--01004--003**

City

**\*\*\*\*\*0.75 \*\*\*\*\*0.75**

**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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

TITLE ☐ Delete  
NAME **PO**  
STREET ADDRESS **LAWLER, DIANE**  
CITY-ST-ZIP **12932 ELM CREEK CT.**  
**FT. MYERS FL 33919**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME **400008343474--2**  
STREET ADDRESS **-10/14/02--01004--002**  
CITY-ST-ZIP **\*\*\*\*150.00 \*\*\*\*150.00**

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature Lawler*

*9-2-02*

CR2E034 (4/02)

To Whom It May Concern,  
 I spoke to a lady last  
 week and she told  
 me to send my formal  
 with a check for \$150.00. I  
 called to explain to her that  
 my husband and I went away  
 in May and he had a heart attack.  
 We were in Pennsylvania and  
 my daughter didn't take  
 care of everything, only  
 what she felt she knew.  
 I do apologize to you for  
 the lateness at this return  
 and I have to go to Tampa  
 in a few days for he is  
 going to be operated on  
 by a team of doctor (heart  
 specialists with a very low  
 percentage of survival.  
 If you can help me at