

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H81120

1. Entity Name

MANERO'S RESTAURANT OF PALM BEACH COUNTY, INC.

Principal Place of Business

2851 S.W. HIGH MEADOW AVE.
PALM CITY FL 34990

Mailing Address

2851 S.W. HIGH MEADOW AVE.
PALM CITY FL 34990

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

THOMAS, JOYCE K
2851 S.W. HIGH MEADOW AVE.
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	MAHONEY, DONNA T.	
STREET ADDRESS	1632 PINELAND WY	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MAHONEY, JOHN A.	
STREET ADDRESS	LEGARE CT	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	ST	<input type="checkbox"/> Delete
NAME	THOMAS, JOYCE K	
STREET ADDRESS	2025 WELLINGTON RD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1752 S.W. FOX POINT TRAIL	
CITY-ST-ZIP	PALM CITY, FL. 34990	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	344 LEGARE COURT	
CITY-ST-ZIP	JUPITER, FL. 33458	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 info empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joyce K. Thomas

4-17-01

Date

561-220-3011

Daytime Phone #

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90227 015 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)