

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90359 047 ***550.00

DOCUMENT # J46387

1. Entity Name

CHARLIE BROWN'S OF PINELLAS COUNTY, INC.

Principal Place of Business

**% RESTAURANT ASSOC.
 120 WEST 45TH ST.
 NEW YORK NY 10036**

Mailing Address

**% RESTAURANT ASSOC.
 120 WEST 45TH ST.
 NEW YORK NY 10036**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **13-3381354**

Applied For
 Not Applicable

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

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. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
 NAME **STOCKINGER, RICHARD C.**
 STREET ADDRESS **10 OLD CHESTER DRIVE**
 CITY-ST-ZIP **PARSIPPANY NJ 07054**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **425 SADDLEBACK TRAIL**
 CITY-ST-ZIP **FRANKLIN LAKES NJ 07417**

TITLE **S** ☐ Delete
 NAME **JONES, LAURENCE**
 STREET ADDRESS **7 EUCLID PLACE**
 CITY-ST-ZIP **MONTCLAIR NJ 07042**

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

TITLE **DP** ☐ Delete
 NAME **VALENTI, FORTUNATO**
 STREET ADDRESS **135 COVE NECK ROAD**
 CITY-ST-ZIP **OYSTER BAY COVE NY 11771**

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

TITLE **T** ☐ Delete
 NAME **FORREST, JOHN**
 STREET ADDRESS **38 NORFOLK AVE**
 CITY-ST-ZIP **MAPLEWOOD NJ**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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 REQUIRED

RICHARD S STOCKINGER 7-2-02 212 789 8100

Date

Daytime Phone #

CR2E034 (4/02)