

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J54538

1. Entity Name

MONRO MOTELS, INC.

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90030 038 ***150.00

Principal Place of Business

3240 NE 13TH STREET
OFFICE
POMPANO BEACH FL 33062
US

Mailing Address

3240 N.E. 13TH STREET
OFFICE
POMPANO BEACH FL 33062
US

00024813



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3240 NE 13 St
Suite, Apt. #, etc.
OFFICE

3. Mailing Address

3240 NE 13 St
Suite, Apt. #, etc.
OFFICE

City & State

POMPANO BCH FL

City & State

POMPANO BCH FL

4. FEI Number

59-2766951

Applied For

Not Applicable

Zip

33062

Country

USA

Zip

33062

Country

USA

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

SPRUCE, JULIE A.
3240 NE 13TH STREET
POMPANO BEACH FL 33062

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 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 PD ☐ Delete
NAME SPRUCE JULIE, ANGELA
STREET ADDRESS 3240 NE 13 ST
CITY-ST-ZIP POMPANO BCH FL 33062

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

TITLE VP ☐ Delete
NAME SMITH, ERIC
STREET ADDRESS 3240 NE 13 ST
CITY-ST-ZIP POMPANO BEACH FL 33062

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-01

Date

954 781 9336

Daytime Phone #

CR2E034 (10/00)