2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 28, 2001 8:00 am DOCUMENT # K15870 **Secretary of State** REECECLIFF RESTAURANT, INC. 02-28-2001 90134 003 ***150.00 Principal Place of Business Mailing Address % ROBERT Y. POPE JR % ROBERT Y. POPE JR 940 S FLORIDA AVE 940 S FLORIDA AVE LAKELAND FL 33803 LAKELAND FL 33803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2874519 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name POPE, ROBERT Y., JR Street Address (P.O. Box Number is Not Acceptable) 940 S FLORIDA AVE LAKELAND FL 33803 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD (10/00)Change Addition Delete TITLE TITLE POPE, ROBERT Y. JR NAME NAME 940 S FLORIDA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY-ST-7IP STD Change TETE E ☐ Delete TITLE ☐ Addition POPE, KATSUKO NAME NAME 940 S FLORIDA AVE STREET ADDRESS STREET ADDRESS LAKELAND FL CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition POPE, ROBERT SR NAME NAME 940 S FLORIDA AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAKELAND FL TITLE Delete TITLE ☐ Change Addition 🔲 NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Change Addition NAME NAME STREET ADDRESS 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/01 863-686-666