## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # K16874 Feb 28, 2001 8:00 am Secretary of State THE RESTAURANT MANAGEMENT GROUP, INC. 02-28-2001 90061 015 \*\*\*150.00 Principal Place of Business Mailing Address 13451 MCGREGOR BLVD 13451 MCGREGOR BLVD SUITE 34 SUITE 34 118925386 FT. MYERS FL 33919-2923 FT. MYERS FL 33919-2923 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0040363 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LONDON, SHELDON M. Street Address (P.O. Box Number is Not Acceptable) 9301 SW 94 PL MIAMI FL 33176 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Addition HORVATH, ERNEST J. JR NAME NAME STREET ADDRESS 13451 MCGREGOR BLVD SUITE 34 STREET ADDRESS CITY-ST-ZIP FT MYERS FL CITY-ST-ZIP VD ☐ Delete TITLE Change Addition NAME SCHMITT, JOHN M. NAME STREET ADDRESS 13451 MCGREGOR BLVD SUITE 34 STREET ADDRESS CITY-ST-ZIP FT MYERS FL CITY-ST-ZIP TITLE Delete ☐ Change Addition HARDING, JOAN S. NAME 13451 MCGREGOR BLVD SUITE 34 STREET ADDRESS STREET ADDRESS CITY-ST-7IP FT. MYERS FL CITY-ST-7IP Secretary Treasurer ☐ Delete TITLE Addition RICHARDS, CINDY NAME NAME STREET ADDRESS 13451 MCGREGOR BLVD. STE 34 STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33919 CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-\$T-ZIP TITLE ☐ Delete TITLE Change Addition

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 attackment with ran address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP