

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011146

1. Entity Name

FOOD COURT OPERATORS FLORIDA, LLC

Principal Place of Business

100 S.E. 2ND STREET, SUITE 3950
MIAMI FL 33131

Mailing Address

100 S.E. 2ND STREET, SUITE 3950
MIAMI FL 33131

2. Principal Place of Business

15579 US Highway 19 North

3. Mailing Address

7700 Red Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo, Florida

City & State

South Miami, Florida

Zip

33764

Country

USA

Zip

33143

Country

USA

4. FEI Number

59-3680762

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WEIDER, NORMAN S ESQ.
100 S.E. 2ND STREET, SUITE 3950
MIAMI FL 33131

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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

000003675860--5
-02/13/01--01022--008
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME SPILLIS, GEORGE
STREET ADDRESS 100 S.E. 2ND STREET, SUITE 3950
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE OF GEORGE P. SPILLIS, MGR.

1-24-01

305-442-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0000150 AF

CR2E083 (11/00)

APPROVED
AND
FILED

01 FEB -5 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

TB