## 2000 UNIFORM BUSINESS REPORT (UBR) $\mathbf{FIL}\mathbf{ED}$ Feb 10, 2000 8:00 am DOCUMENT # L01308 1. Entity Name **Secretary of State** HEARTLAND RESTAURANT CORPORATION 02-10-2000 90053 039 \*\*\*150.00 Principal Place of Business Mailing Address % DANIEL AURITI % DANIEL AURITI 4048-EVANS AVE. SUITE 206 4048-EVANS AVE. SUITE 206 FT. MYERS FL 33901 FT. MYERS FL 33901-9353 2. Principal Place of Business 3. Mailing Address 1370 College 370 (ollege Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. #300 300 Applied For City & State 4. FEI Number 65-0126634 FT Myers FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name AURITI, DANIEL Street Address (P.O. Box Number is Not Acceptable) <del>-4048 EVANS AVE --</del> SUITE 200 FT. MYERS FL-33901-8. 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change TITLE ☐ Delete AURITI, DANIEL 7370 College Pkwy, Ste #300 Fr Myers FL 33907 NAME STREET ADDRESS STREET ADDRESS 4048 EVANS AVE #206 CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL ☐ Delete NAME QUINLAN, SCOTT NAME 7370 College Pluy, Ste #300 F+ Myers FL 33907 \_\_\_\_\_ STREET ADDRESS STREET ADDRESS 4048 EVANS AVE #208 CITY-ST-ZIP FT. MYERS FL STATES CITY-ST-ZIP ☐ Defete TITLE TITLE NAME 1370 College Pkwy, Ste #300 QUINLAN, SCOTT NAME 4048-EVANS AVE-#206 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE T Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Daytime Phone #

SIGNATURE: