

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L37718

1. Entity Name
ELROD RESTAURANTS, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State
03-05-2001 90318 011 ***150.00

Principal Place of Business
630 S WICKHAM RD
STE 202
MELBOURNE FL 32904
US

Mailing Address
630 S WICKHAM RD
STE 202
MELBOURNE FL 32904
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number **59-2981479** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ELROD, LEON
6210 CAPSTAN CT.
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
4815 Solitary Dr.
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 _____ (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	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ELROD, LEON		NAME		
STREET ADDRESS	6210 CAPSTAN CT		STREET ADDRESS	4815 Solitary Dr.	
CITY-ST-ZIP	ROCKLEDGE FL		CITY-ST-ZIP	329556555	
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ELROD, FREIGH		NAME		
STREET ADDRESS	4815 SOLITARY DR		STREET ADDRESS	4815 Solitary Dr.	
CITY-ST-ZIP	ROCKLEDGE FL 32955		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 an other like empowered.

SIGNATURE: *[Signature]* 3/2/01 321-728-4982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)