

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State
 03-22-2000 90080 009 ***150.00

DOCUMENT # L72806

1. Entity Name

BEACHWOOD RESTAURANT CORP.

Principal Place of Business

Mailing Address

~~8807 MENTOR AVE~~
~~9750 ORANGE PLACE~~
~~MENTOR OH 44060~~
~~US~~

1355 OLD BRICKYARD RD
 MT PLEASANT SC 29466-7924
 US

2. Principal Place of Business

3. Mailing Address

1355 OLD BRICKYARD RD
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MT. PLEASANT, SC

Zip 29466-7924 Country USA

4. FEI Number

59-3015850

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROGALSKI, GARY L.
 1055 KENSINGTON PK DR #512
 ALTAMONTE SPRINGS FL 32714

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

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, 2000 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 D
 NAME ROGALSKI, GARY L.
 STREET ADDRESS 1055 KENSINGTON PK DR
 CITY-ST-ZIP ALTAMONTE SPRGS FL ☐ Delete

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

TITLE D
 NAME DIBENEDETTO, THOMAS R
 STREET ADDRESS 78 MAOLIS
 CITY-ST-ZIP NAHANT MA ☐ Delete

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

TITLE D
 NAME SIGULER, GEORGE W
 STREET ADDRESS UPHILL FARM, BOX 490
 CITY-ST-ZIP CONWAY MA ☐ Delete

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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:

Gary L. Rogalski PRESIDENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(843) 552-0505

CR2E034 (9/99)