

# 2000 UNIFORM BUSINESS REPORT (UBR)

0017474 SP

DOCUMENT # L98000002508

1. Entity Name  
SOUTHWEST FRIENDS, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE  
00 FEB 17 AM 10:

Principal Place of Business

28 MAIN STREET  
STOCKBRIDGE MA 01262

Mailing Address

C/O JOSEPH P. YAMIN  
GOODWIN SQUARE  
HARTFORD CT 06103

*Friendly's Restaurant*



2. Principal Place of Business

*27250 Bay Landing Drive*

3. Mailing Address

*Friendly's Restaurant*

Suite, Apt. #, etc.

*Bonita Springs FL*

Suite, Apt. #, etc.

*27250 Bay Landing Dr*

City & State

*34135*

City & State

*Bonita Springs 34135*

Zip

*34135*

Country

*USA*

Zip

*34135*

Country

*USA*

4. FEI Number

*04-3467724*

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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**

*nf 12/28/00*

9. MANAGING MEMBERS / MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
YAMIN, JOSEPH P  
203 LEDGESIDE AVE.  
WATERBURY CT

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
ABDALLA, MICHAEL G  
1009 BEL ISLE DRIVE  
FORT MYERS FL 33919

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
GRAZIANO, PATRICK M  
153 SCOTT AVENUE  
WATERTOWN CT 06795

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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TITLE  
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STREET ADDRESS  
CITY- ST- ZIP

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TITLE  
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STREET ADDRESS  
CITY- ST- ZIP

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10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**100003155971--8**  
**-03/03/00--01018--006**  
**\*\*\*\*\*55.00 \*\*\*\*\*55.00**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
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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:

*Michael Abdalla*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

*1/27/00 9414891712*

CR2E083 (9/99)