

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007755

1. Entity Name

DR. PHILLIPS RESTAURANT MANAGEMENT COMPANY, L.L.C.

Principal Place of Business

135 NORTH LUCERNE CIRCLE EAST  
ORLANDO FL 32801

Mailing Address

4220 WILLIAM BAY DRIVE  
WINTER GARDEN FL 34787

FILED

01 JAN 22 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

4220 W. Willow Bay Dr.

Suite, Apt. #, etc.

City & State

Winter Garden FL

Zip

34787

Country

Orange

4. FEI Number

59-3607472

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALPER, JONATHAN B ESQ.  
274 KIPLING COURT  
HEATHROW FL 32746

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

Please correct  
spellings CHATHAM

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM  
NAME LOUIS, CHANTHAM S  
STREET ADDRESS 431 E. CENTRAL BLVD., APT. 601  
CITY-ST-ZIP WINTER GARDEN FL 32801

☐ Delete

TITLE MGRM  
NAME CHANTHAM, DIAN B  
STREET ADDRESS 16433 SANDHILL RD.  
CITY-ST-ZIP WINTER GARDENS FL 34787

☐ Delete

TITLE MGRM  
NAME CHANTHAM, PAUL A  
STREET ADDRESS 16433 SANDHILL RD.  
CITY-ST-ZIP WINTER GARDENS FL 34787

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME LOUIS S. CHATHAM  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE  
NAME DIAN B. CHATHAM  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE  
NAME PAUL A. CHATHAM  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ 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 Betty W. Chatham Betty W. CHATHAM

1/15/2001

407-648-4688

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

Date

Daytime Phone #

0032818 SP

CR2E083 (11/00)