

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90053 042 ****55.00

DOCUMENT # M00000000359

1. Entity Name

FLYING TOMATO RESTAURANTS, LLC

Principal Place of Business

**15438 NORTH FLORIDA AVENUE, SUITE 200
TAMPA FL 33613**

Mailing Address

**200 E. CALIFORNIA STREET, SUITE 2
YOUNGSTOWN OH 44512**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100 DeBartolo Place, Suite 310

City & State

City & State

Youngstown, Ohio

Zip

Country

Zip

Country

44512

4. FEI Number

52-2218190

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **MURANSRY, EDWARD W**
STREET ADDRESS **15438 N FLORIDA AVENUE, SUITE 200**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **M** ☐ Change ☒ Addition
NAME **DeBartolo Stow Associates**
STREET ADDRESS **100 DeBartolo Place, Suite 310**
CITY-ST-ZIP **Youngstown, Ohio 44512**

TITLE **M** ☐ Delete
NAME **MURANSRY, CHRISTINE**
STREET ADDRESS **15438 N FLORIDA AVENUE, SUITE 200**
CITY-ST-ZIP **TAMPA FL 33613**

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

TITLE **M** ☐ Delete
NAME **DEBARTOLO, CYNTHIA**
STREET ADDRESS **15438 N FLORIDA AVENUE, SUITE 200**
CITY-ST-ZIP **TAMPA FL 33613**

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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

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:

[Signature]

SIGNATURE REQUIRED

Gary A. Lockhart, CFO

Date

5/15/02

Daytime Phone #

334-629-2232

CR2E083 (9/01)