

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M79845

1. Entity Name

PAPPY'S RESTAURANT, INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90070 016 \*\*\*150.00

Principal Place of Business

Mailing Address

% CHRISTINE NILLS  
1000 BAYVIEW AVE.  
PANAMA CITY FL 32401

% CHRISTINE NILLS  
1000 BAYVIEW AVE.  
PANAMA CITY FL 32401-1464

2. Principal Place of Business

% CHRISTINE JAMIESON

3. Mailing Address

% CHRISTINE JAMIESON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2908231

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

NILLS, CHRISTINE  
1000 BAYVIEW AVE.  
PANAMA CITY FL 32401

Name

JAMIESON, CHRISTINE

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 PD ☐ Delete  
NAME NILLS, CHRISTINE  
STREET ADDRESS 113 N. PALO ALTO  
CITY-ST-ZIP PANAMA CITY FL

TITLE PD ☒ Change ☐ Addition  
NAME JAMIESON, CHRISTINE  
STREET ADDRESS 5229 Melissa Drive  
CITY-ST-ZIP Panama City FL 32404

TITLE SD ☐ Delete  
NAME DONLEY, LIESELOTTE C.  
STREET ADDRESS 5214 PARK ST.  
CITY-ST-ZIP PANAMA CITY FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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:

*Christine Jamieson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTINE JAMIESON

4/12/00

850-785-6611

Date

Daytime Phone #