## 2000 UNIFORM BUSINESS REPORT (UBR)

2000	UNIFORM BUS	SINE	SS REPO	RT	(UBR)		APPROVED			
DOCUMENT # M98000000248  1. Entity Name  PIZZUTI HOLDINGS LLC  AND FILED  00 APR - 3 AM 9						AND FILED	-			
PIZZUII F	HOLDINGS LLC						00 APR -3 AM 9: 01	<b>,</b>		
Principal Plac	ce of Business	Ma	iling Address				SECRETARY OF STATE	A		
250 EAST BROAD STREET - SUITE 1900 250 EAST BROAD STREET				E 1900		mf 4)1:				
COLUMBUS C	OH 43215	CO	LUMBUS OH 43215-373	70			11 ' '			
2 Principal F	Place of Business	3 N	Mailing Address			_				
•										
Suite, Apt.		Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & Stat	te	C	City & State			4. FEI 1	31-1463587	<del></del>	pplied For lot Applicable	
Zip Country			ip	Cour	ntry	5. Certificate of Status Desired   \$5.00 Additional Fee Required				
	6. Name and Address of Curre	nt Registe	ered Agent		Name	7. Nam	e and Address of New Registered A	gent		
SIMBACK, KENNETH P				M. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.						
C/O THE PIZZUTI COMPANIES					Street Address (P.O. Box Number is Not Acceptable)					
255 SOUTH ORANGE AVE., SUITE 1350									<u> </u>	
ORLANDO FL 32801					City FL Zip Code					
8. The above	named entity submits this statement	for the pu	rpose of changing its	register	ed office or regist	ered agent,	or both, in the State of Florida.			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if	applicable. (NOTI	E: Registere	ed Agent signature requi	red when reinstat	ing) DATE			
					FEE IS \$50.00				•	
			Make Check Pa							
9.	MANAGING MEN	/BERS/M	EMBERS	10.			ADDITIONS/CHANGES			
TITLE	MGR		☐ Deleta	TITL				Change	Addition	
MAME 8TREET ADDRESS	1 122011 Edollies, 1110.		UITE 1900		IE EET ADDRE88	5000032135450 -04/24/00 -019/2 003				
CITY-ST-ZIP	COLUMBUS OH 43215			CITY	r-8T-ZIP					
NAME				NAM	lE .	-04/24/00-01022-003 *****S0.00 ******S0.00				
STREET ADDRESS CITY-ST-ZIP				•	EET ADDRESS 7-ST-ZIP					
ти			☐ Delete	TITL				Change	Addition	
NAME STÅEET ADDRESS				NAM Stri	EET ADDRESS					
CITY- ST- ZIP				-	7-8T-ZLP			Change	Addition	
T <sub>L</sub> TLE NAME			☐ Deleta	TITL NAM				C Granific	KBBBBBB	
STREET ADDRESS CITY-ST-ZIP					EET ADORESS ST- ZIP					
TITLE			☐ Delete	TITL	E		<u></u> -	☐ Change	Addition	
RAME STREET ADDRESS				NAM STRI	EET ADDRESS					
CITY-8T-ZIP			<del></del>	CITY	- ST- ZIP					
TITLE MAME			Delete	TITL Mam	l l			Change	Addition	
STREET ADDRESS					EET ADDRESS - ST-ZIP					
11.   hereby	I certify that the information supplied w	ith this fili	ng does not qualify for	r the exe	motion stated in :	Section 119.	07(3)(i), Florida Statutes. I further cert	ify that the i	information	
indicated limited lia	on this report is true and accurate an bility company or the receiver or trus	nd that my tee empov	signature shall have wered to execute this	the same report as	e legal effect as if s required by Cha	made unde opter 608, Fid	r oath; that I am a managing membe orida Statutes.	or manage	er of the	
010111	election	7 17	AFOLH	RF			Rhalm			
SIGNAT	SIGNATURE AND TYPED OR F	PRINTED NAM	ME OF SIGNING MANAGING	MEMBER (	OR MANAGER		Date De	iylime Phone #		