

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39088

1. Entity Name

FLORIDA RESTAURANT PURCHASING GROUP, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90195 035 ****61.25

| | |
|--|---|
| Principal Place of Business C/O G. ANTONIADES 2140 DREW ST. STE C CLEARWATER FL 34625 US | Mailing Address C/O G. ANTONIADES 2140 DREW ST. STE C CLEARWATER FL 33765-3218 US |
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|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|------------------------------------|--|
| 4. FEI Number 59-3031530 | Applied For <input type="checkbox"/> Not Applicable |
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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent TINGIRIDES, STAVROS 800 N BELCHER RD STE 4 CLEARWATER FL 34625 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-----------------------------|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT LOUIS, KOKINAKOS 2076 SEMINOLE BLVD LARGO FL 33778 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PAPPAS, GEORGE 617 CLEARWATER LARGO RD. LARGO FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KOSMAKOS, KOSMAS 9610 GULF BLVD TREASURE ISLAND FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS ALOIZAKIS, TONY 305 CORONADO DR CLEARWATER BCH FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD THOMAS, DEMAS 1185 HERCULES AVE. CLEARWATER FL <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CONSTANTINO, DINOS 2129 DREW ST. CLEARWATER FL <input checked="" type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT-DIRECTOR KOUTROUROS, DEAN 2755 ULMERSON RD. CLEARWATER, FL 33759 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KOUTROUROS, DEAN VP 2755 ULMERSON RD. CLEARWATER, FL 33759 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____
Date _____ Daytime Phone # _____

CR2E037 (9/99)

Attachment
COO 26266
N39088

Add on to the Board of Directors

- D Kikis, Chris
1203 Gulf Road
Tarpon Springs, FL 34689
- D Ogden, Marty
6234 Commercial Way
Weeki Wachee, FL 34613
- DS - Petalas, John
11775 Seminole Blvd.
Largo, FL 33778
- D Fotopoulos, William
P.O. Box 1999
Land O'Lakes, FL 34639
- D Intzes, Nick
1844 North Highland Ave.
Clearwater, FL 33765
- D Koutsos, James
6121 Massachusetts Ave.
New Port Richey, FL 34653
- D Stavrakos, Peter
1170 Starkey Road
Largo, FL 33771