

2001 UNIFORM BUSINESS REPORT (UBR)

1/15

FILED
Feb 09, 2001 8:00 am
Secretary of State

01-17-2001 90077 026 ***150.00

DOCUMENT # P00000026872

1. Entity Name

RESTAURANT PARTNERS MANAGEMENT COMPANY

Principal Place of Business

112 EAST CONCORD STREET
 ORLANDO FL 32801

Mailing Address

112 EAST CONCORD STREET
 ORLANDO FL 32801

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

59-3350936

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

HANLEY, TIMOTHY
 112 EAST CONCORD STREET
 ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

John E Kintzler

Street Address (P.O. Box Number is Not Acceptable)

112 EAST CONCORD STREET

City

Orlando FL 32801

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, 2001 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

TITLE: Delete
 NAME: **D HANLEY, TIMOTHY**
 STREET ADDRESS: **112 EAST CONCORD STREET**
 CITY-ST-ZIP: **ORLANDO FL 32801**

TITLE: Delete
 NAME: **D MANUCHIA, DAVID**
 STREET ADDRESS: **112 EAST CONCORD STREET**
 CITY-ST-ZIP: **ORLANDO FL 32801**

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Change Addition
 NAME: **PRÉSIDENT John E Kintzler**
 STREET ADDRESS: **112 EAST CONCORD STREET**
 CITY-ST-ZIP: **ORLANDO FL 32801**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
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 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
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 STREET ADDRESS: _____
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)