

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000036700**

1. Entity Name

BULLDOG PIZZA INC.

Principal Place of Business

**8131 LAKE CROWELL CIRCLE
ORLANDO FL 32836**

Mailing Address

**8131 LAKE CROWELL CIRCLE
ORLANDO FL 32836**

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

58-2531044

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

**DIFAZIO, LOU
8131 LAKE CROWELL CIRCLE
ORLANDO FL 32836**

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

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 NAME STREET ADDRESS CITY-ST-ZIP | PSTD DIFAZIO, LOU 8131 LAKE CROWELL CIRCLE ORLANDO FL 32836 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VO DIFAZIO, DAWN E 8131 LAKE CROWELL CIRCLE ORLANDO FL 32836 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Lou Difazio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-01

Date

407-766-4083

Daytime Phone #

FILED
May 24, 2001 8:00 am
Secretary of State

05-02-2001 90094 046 ***150.00

47061



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

Attachment

Attachment to Florida 2001 Uniform Business Report
PJ Food Service, Inc.
61-1210265

~~XXXXXXXXXX~~

4/7/02

#P00000036700

Officers

| Office/Title | Name & Address |
|--|---|
| CEO & Chairman of the Board | John H. Schnatter 2002 Papa John's Blvd. Louisville, KY 40299-2367 |
| President | Robert Wadell 2002 Papa John's Blvd. Louisville, KY 40299-2367 |
| SVP, Secretary & General Counsel | Charles W. Schnatter 2002 Papa John's Blvd. Louisville, KY 40269-0900 |
| VP - Finance and Administration and Controller | Julie Lerner 2002 Papa John's Blvd. Louisville, KY 40299-2367 |
| VP - Operations | David Lyons 2002 Papa John's Blvd. Louisville, KY 40299-0900 |
| VP - Strategic Supply Chain Management | Robert Fulks 2002 Papa John's Blvd. Louisville, KY 40299-0900 |
| Corporate Counsel & Assistant Secretary | Kenneth M. Cox 2002 Papa John's Blvd. Louisville, KY 40299-2367 |

Directors

| Name & Address | Date When Term Expires |
|---|------------------------|
| John H. Schnatter 2002 Papa John's Blvd. Louisville, KY 40299-2367 | January 2002 |
| Charles W. Schnatter 2002 Papa John's Blvd. Louisville, KY 40299-2367 | January 2002 |

Attachment
470261

P00000036700

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

| | |
|---|---------------|
| Postage | \$ 55 |
| Certified Fee | 190 |
| Return Receipt Fee (Endorsement Required) | 1.50 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 375 |

DOVER SHORES
ORLANDO FL
Postmark
Here
APR 27-2001
USPS 32806

Name (Please Print Clearly) (to be completed by mailer)
Division of Corporations, Uniform Business
Street, Apt. No., or PO Box No.
Report filing P.O. Box 1500
City, State, ZIP+4
Tallahassee FL 32302-1500

PS Form 3800, July 1999

Is your RETURN ADDRESS correct?

SENDER:

☐ Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

Article Addressed to:

Division of Corporations
Uniform Business Report
filing
P.O. Box - 1500
Tallahassee FL 32302-1500

5. Received By: (Print Name) **MICHAEL**

6.

7. Date of Delivery **MAY - 3 2001**

8. Addressee's Address (Only if requested and fee is paid)

4a. Article Number **7099 3400 0003 3389**

4b. Service Type

☐ Registered ☒ Certified

☐ Express Mail ☐ Insured

☐ Return Receipt for Merchandise ☐ COD

Thank you for using Return Receipt Service

Is your RETURN ADDRESS correct?

PS

m Receipt