

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90113 008 ***150.00

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DOCUMENT # P00000042464

1. Entity Name
D.R.F. RESTAURANT CORP.

Principal Place of Business Mailing Address
950 N COLLIER BLVD STE 201 **950 N COLLIER BLVD STE 201**
MARCO ISLAND FL 34145 **MARCO ISLAND FL 34145**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **1777 HUMMINGBIRD CT.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MARCO ISLAND, FL.
 Zip Country Zip Country
34145 **USA**

4. FEI Number Applied For
593650691 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
OSTROW, STEPHEN R
950 N COLLIER BLVD STE 201
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent
 Name **THOMAS FAHEY**
 Street Address (P.O. Box Number is Not Acceptable)
1777 HUMMINGBIRD COURT
 City **MARCO ISLAND** FL Zip Code **34145**

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 *Thomas J. Fahey, Secretary* DATE **4/26/01**
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DEBRA R. FAHEY 1777 HUMMINGBIRD CT. MARCO ISLAND, FL 34145	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY THOMAS J. FAHEY 1777 HUMMINGBIRD CT. MARCO ISLAND, FL 34145	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"/> Delete	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"/> Delete	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"/> Delete	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)(f), 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: *Thomas J. Fahey, Secretary* DATE **4/26/01** DAYTIME PHONE # **941-343-0443**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 26 2001



DO NOT WRITE IN THIS SPACE

CRE034 (10/00)