

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90208 007 \*\*\*150.00

DOCUMENT # P00000083219

1. Entity Name

MARKET RESTAURANTS, INC.

Principal Place of Business

9220 BONITA BOULEVARD

SUITE 227

BONITA SPRINGS, FL 34135

Mailing Address

9220 BONITA BOULEVARD

SUITE 227

BONITA SPRINGS, FL 34135

2. Principal Place of Business

6710 WINKLER RD.

Suite, Apt. #, etc.

SUITE #7

City & State

FT MYERS, FL

3. Mailing Address

6710 WINKLER RD.

Suite, Apt. #, etc.

SUITE #7

City & State

FT MYERS, FL

4. FEI Number

65-1067274

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

CT CORPORATION SYSTEM

1200 S. PINE ISLAND RD.

PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

JEFFREY R. LAMB

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

9915 TAMiami TRAIL, SUITE 2

% THOMAS WANDERON & ASSOC.

City

NAPLES

FL

Zip Code

34108

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]*

JEFFREY R. LAMB

04/27/01

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: PRESIDENT  
NAME: RONALD A. PATAK  
STREET ADDRESS: 6131 TIDWATER ISLAND CIRCLE  
CITY-ST-ZIP: FORT MYERS, FL 33908

☐ Delete

TITLE: VICE PRESIDENT  
NAME: THOMAS A. KARRAS  
STREET ADDRESS: 6340 TIDWATER ISLAND CIRCLE  
CITY-ST-ZIP: FORT MYERS, FL 33908

☐ Delete

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

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STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

☐ Change

☐ Addition

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

☐ Change

☐ Addition

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☐ Addition

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CITY-ST-ZIP: \_\_\_\_\_

☐ Change

☐ 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:

*[Signature]* PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

941-454-3444

Daytime Phone #

CR2E034 (11/00)