

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000100471

1. Entity Name
SRR RESTAURANTS, INC.

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90496 040 ***150.00

Principal Place of Business

2420 S. WOODLAND BLVD.
DELAND FL 32720

Mailing Address

2420 S. WOODLAND BLVD.
DELAND FL 32720

00000001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20 EAST WASHINGTON ST.

Suite, Apt. #, etc.

3. Mailing Address

20 EAST WASHINGTON ST.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32801

Country

USA

City & State

ORLANDO, FL

Zip

32801

Country

USA

4. FEI Number

59-3683912

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROACH, STEVEN R
2420 S. WOODLAND BLVD.
DELAND FL 32720

7. Name and Address of New Registered Agent

Name

STEVEN R. ROACH

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

20 EAST WASHINGTON ST

City

ORLANDO

FL

Zip Code

32801

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

Steven R. Roach

STEVEN R. ROACH - PRESIDENT/OWNER

3-12-01

(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	D	<input type="checkbox"/> Delete
NAME	ROACH, STEVEN R	
STREET ADDRESS	1648 MCILVAINE CT.	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVEN R. ROACH	
STREET ADDRESS	20 EAST WASHINGTON ST.	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGER F. ROACH	
STREET ADDRESS	1648 MCILVAINE CT.	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Steven R. Roach
STEVEN R. ROACH - PRESIDENT

3-12-01

407-963-1088

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E034 (10/00)