

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90451 011 ***158.75

DOCUMENT # PD1000057706

1. Entity Name

Renaissance Restaurants, Inc. ✓

DO NOT WRITE IN THIS SPACE

672091

2. Principal Place of Business

204 S. Dillard Street

3. Mailing Address

P.O. Box 770458

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

City & State

Winter Garden, FL

City & State

Winter Garden, FL

4. FEI Number

59-3732552

Applied For

Not Applicable

Zip

34787

Country

USA

Zip

34777

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Charles W. Cramer

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

1420 Edgewater Drive

City

Orlando

FL

Zip Code

32804

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's 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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
	<u>C/P/D/S</u>		
	<u>John T. Walker</u>		
	<u>17529 Deer Isle Circle</u>		
	<u>Killarney, FL 34740</u>		
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/02

Date

407 877 4080

Daytime Phone #

CR2E034B (12/01)