

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90114 029 \*\*\*150.00

**DOCUMENT # P02000103222**

**1. Entity Name**  
**ROADSIDE DINER OF CYPRESS GARDENS, INC.**



**Principal Place of Business**  
**3378 CYPRESS GARDENS RD**  
**WINTER HAVEN FL 33884**

**Mailing Address**  
**3378 CYPRESS GARDENS RD**  
**WINTER HAVEN FL 33884**

**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**

52-2380156

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**COLLINS, DEBRA**  
**3378 CYPRESS GARDENS RD**  
**WINTER HAVEN FL 33884**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Delete  
**NAME** COLLINS, DEBRA  
**STREET ADDRESS** 415 JAMES AVE  
**CITY-ST-ZIP** AUBURNDALE FL 33823

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME** ~~ODUM, PAULINE~~ Odum, Pauline  
**STREET ADDRESS** ~~301 ALACHUA DR SE~~ 301 Alachua Dr SE  
**CITY-ST-ZIP** WINTER HAVEN FL 33884

**TITLE** ☐ Change ☐ Addition  
**NAME** President  
**STREET ADDRESS** Odum, Pauline  
**CITY-ST-ZIP** 301 Alachua Dr SE  
WINTER HAVEN, FL 33884

**TITLE** ☐ Delete  
**NAME** HARRIS, SHIRLEY  
**STREET ADDRESS** 1014 BILTMORE DR NW  
**CITY-ST-ZIP** WINTER HAVEN FL 33881

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
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**CITY-ST-ZIP**

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**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Shirley A. Harris* **SHIRLEY A. HARRIS** 4-11-03 6396557  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)