2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90159 001 ***300.00

DOCUMENT # P27094

1. Entity Name

DARRYL'S OF KISSIMMEE, INC.

Principal Place of Business	Mailing Address
47TH AND MAIN KANSAS CITY MO 64112-7800	47TH AND MAIN KANSAS CITY MO 64112-7800

PLEASE NOTE: STREET NAME HAS CHANGED, NOT ACTUAL ADDRESS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2 Cleaver II Blvd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Kansas City, MO	City & State
Zip: 64112 Country: Jackson	Zip Country

4. FEI Number 43-1530204 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City ... 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.

SIGNATURE _____
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCOGGIN, DANIEL TWO BRUSH CREEK BLVD, PO BOX 16000 KANSAS CITY FL 64112	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/ CEO Suzanne Hopgood 2 Cleaver II Blvd, Kansas City, MO 64412	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD KIEL, STEPHEN TWO BRUSH CREEK BLVD, PO BOX 16000 KANSAS CITY MO 64112	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sr. Vice President/CFO Robert D. Botkin 2 Cleaver II BLvd. Kanas City, MO 64112	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIGICOVSKY, PHILIP TWO BRUSH CREEK BLVD, PO BOX 16000 KANSAS CITY FL 64112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: Robert D Botkin 4/17/01 8167562200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #