

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P32898

1. Entity Name

CINNABON, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90043 043 ***150.00

Principal Place of Business

936 N. 34TH. SUITE 206
SEATTLE WA 98103

Mailing Address

P.O. BOX BH001
CONTACT: KATHY DIETZMANN
SAN ANTONIO TX 78201-1271

2. Principal Place of Business

Six Concourse Parkway

3. Mailing Address

P.O. Box BH001

Suite, Apt. #, etc.

Suite 1700

Suite, Apt. #, etc.

Tax Department

City & State

Atlanta, GA

City & State

San Antonio, TX

4. FEI Number

91-1498362

Applied For

Not Applicable

Zip

30328

Country

Zip

78201

Country

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

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.

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, 2000 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
KAPLAN, GREGG
6 CONCOURSE PKY STE 1700
ATLANTA GA 30328 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASAT
KRENTZ, L
936 N 34TH ST, 3 FL
SEATTLE WA 98103 ☐ Delete

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

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
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: 

Dickey May

4-24-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)