

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90041 044 \*\*\*150.00

**DOCUMENT # P92000004360**

1. Entity Name  
**L-N-W PIZZA, INC.**

Principal Place of Business <b>5898 B S. ORANGE BLOSSOM          ORLANDO FL 32839          US</b>	Mailing Address <b>PAPA JOHN'S INTERNATIONAL INC.          P.O. BOX 99900          LOUISVILLE KY 40269-9990          US</b>
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**80048257**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>9600 Delegates Drive</b>	3. Mailing Address <i>Legal Dept.</i> <b>Papa John's International, Inc.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>P.O. Box 99900</b>

City & State <b>Orlando FL</b>	City & State <b>Louisville KY</b>
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4. FEI Number <b>59-3156711</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32837</b>	Country <b>USA</b>	Zip <b>40269-0900</b>	Country <b>USA</b>
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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**

**ONEY, WADE S.  
 5898 B S. ORANGE BLOSSOM TRAIL  
 ORLANDO FL 32839**

Name <b>Wade S. Oney</b>
Street Address (P.O. Box Number is Not Acceptable) <b>9600 Delegates Drive</b>
City <b>Orlando</b>
State <b>FL</b>
Zip Code <b>32837</b>

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 *Wade S. Oney*  
Signature, typed or printed name of registered agent and date 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	<b>PD ONEY, WADE S 5898 B S. ORANGE BLOSSOM TRAIL ORLANDO FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9600 Delegates Dr. Orlando FL 32837</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP SCHNATTER, JOHN H 2002 PAPA JOHN'S BLVD LOUISVILLE KY 40299-2367</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SCHNATTER, CHARLES W 2002 PAPA JOHN'S BLVD LOUISVILLE KY 40299-2367</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Elizabeth A. Oney DVPS 9600 Delegates Drive Orlando FL 32837</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Wade S. Oney*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)