

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State
 01-28-2000 90162 028 ***150.00

DOCUMENT # P93000048823

1. Entity Name

DIXIE DINERS, INC.

Principal Place of Business

Mailing Address

**1186 EGLIN PKWY
 SHALIMAR FL 32579
 US**

**POST OFFICE BOX 778
 SHALIMAR FL 32579-0778
 US**

2. Principal Place of Business

3. Mailing Address

1186 EGLIN PKWY

P.O. BOX 5497

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SHALIMAR FL

City & State

DESTIN FL

Zip

Country

32579

Zip

Country

32540

4. FEI Number

59-3200408

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

Name

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

City

SHALIMAR

FL

Zip Code

32579

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

Charles W. Clary Jr.
 Signature, typed or printed name of registered agent and title if applicable.

CHARLES W CLARY JR PRESIDENT

1.11.2000

(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: **PD** ☐ Delete
 NAME: **CLARY, CHARLES W JR**
 STREET ADDRESS: **19 OLD FERRY ROAD**
 CITY-ST-ZIP: **SHALIMAR FL 32579**

TITLE: **PD** ☒ Change ☐ Addition
 NAME: **CLARY, CHARLES W.**
 STREET ADDRESS: **19 OLD FERRY ROAD**
 CITY-ST-ZIP: **SHALIMAR, FL 32579**

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

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
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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

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:

Charles W. Clary Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES W CLARY JR

1.11.2000

850.837.9550

Date

Daytime Phone #

CR2E034 (9/99)