

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90078 035 ***150.00

DOCUMENT # P93000080640

1. Entity Name

LARAE RESTAURANT CORP.

Principal Place of Business

Mailing Address

2106 COUVER DR.
 SARASOTA FL 34231

2106 COUVER DR.
 SARASOTA FL 34231-4007

2. Principal Place of Business

12500 Tamiami Tr
 Suite, Apt. #, etc.

3. Mailing Address

Same as above
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

North Port FL

City & State

North Port FL

4. FEI Number

65-0449486

Applied For

Not Applicable

Zip

34287

Country

Sarasota

Zip

34287

Country

FL

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

SAS, JOHN S
 12500 TAMIAHI TRAIL
 NORTH PORT FL 34287

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
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
 NAME SAS, JOHN S
 STREET ADDRESS 6518 GATEWAY AVE
 CITY-ST-ZIP SARASOTA FL 34231

wrong
 address

TITLE D ☐ Delete
 NAME SAS, LARAE M
 STREET ADDRESS 6518 GATEWAY AVE
 CITY-ST-ZIP SARASOTA FL 34231

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☐
 NAME Sas, John S
 STREET ADDRESS 2106 Couver Dr
 CITY-ST-ZIP Sarasota FL 34231

TITLE D ☐ Change ☐
 NAME Sas, Larae M
 STREET ADDRESS 2106 Couver Dr
 CITY-ST-ZIP Sarasota FL 34231

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

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

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

TITLE ☐ Change ☐
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Larae M. Murrin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-00 941-927-00.
 Date Daytime Phone #