## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # **P94000014075** TINA'S FAMILY RESTAURANT, INC. 4-25-2001 90086 003 \*\*\*150.00 Principal Place of Business Mailing Address 109 1ST AVE WEST P.O. BOX 1332 CALLAHAN FL 32011 CALLAHAN FL 32011-1332 644067 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3233509 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAKER, GARY Street Address (P.O. Box Number is Not Acceptable) 114 GREEN AVE CALLAHAN FL 32011 Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Channe ☐ Addition TRIBBITT, OLETHA C NAME NAME STREET ADDRESS P O BOX 1332 N/A STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP CALLAHAN FL 32011 TITLE ☐ Delete TITLE ☐ Change Addition MCCULLOUGH, GAIL NAME STREET ADDRESS P O BOX 986 N/A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CALLAHAN FL 32011 TITLE TITLE Addition Secretarn WRYE, DORETHA NAME NAME BARA A.CLARK STREET ADDRESS RT 4 BOX 995-2 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CALLAHAN FL 32011 TITLE ☐ Delete TITI E Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME

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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITI F

NAME

☐ Delete

SIGNATURE: Deetta CIMBUTTOLETHA C TRIBBITT

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

2-24-60

904-879-3011

Change

■ Addition

DOCUM 1. Entity Name	UNIFORM BUSI IENT # P940000 MILY RESTAURANT, INC.		ORT (UBR)	Affachment Stamp# 10440	67
Principal Place of Business		Mailing Address			
109 1ST AVE WEST Callahan FL 32011 US		P.O. BOX 1332 Callahan FL 32011-1332 US			_
2. Principal Place of Business		3. Ma ling Address			
Suite, Apt. #, etc		Suite, Apt. # refe		DO NOT WRITE IN THIS S	SPACE
City & State		City & State		4. FEI flumber 59-3233509	Applied For
Zip	Country	Zip	Country		\$8.75 Additional Fee Required
	6. Name and Address of Current R	legistered Agent	Han	7. Name and Address of New Registered A	lgent
	EEN AVE IAN FL 32011		City	ss (PO Box Number is Not Acceptable)	Zip Code
9. This corporal	native, typed or protect name of registered agent and tion is eligible to satisfy its Intangible uirement and elects to do so on back)	FILE NOV	VIII FEE IS \$150.00 2000 Fee will be \$550.0 able to Department of \$	10. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
11.	OFFICERS AND L		12.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN T1
NAME T STREET ADDRESS P	P Ribbitt, Oletha C O Box 1332 n/a Allahan Fl 32011	[] (tobote	TITLE MAMP SUBJECT ADDRESS CHA-SLUP		Charge () Addition
TITLE D NAME STREET ADORESS P	N ICCULLOUGH, GAIL O BOX 986 N/A ALLAHAN FL 32011	[] Dalula	THEF NAME STREET ADDRESS CUTY STOTE		Change Addition
NAME STREET ADDRESS R	S /RYE, DORETHA T 4 BOX 995-2 ALLAHAN FL 32011	Delete	DITE DAME STREET ADDRESS CITY STORE		Change Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP	**************************************	□ Deide	TOTAL TIMAN STREET ANDRESS CITY ST. 20		[] Chaege [] Addition
TIPLE HAME STREET ADDRESS CITY-ST-ZIP		[] Delete	DOLD DAMI SPREFADORES GUY SE ZE		Change Addition
TITLE MAME STREET ADDRESS CITY+S1-ZIP		☐ Delete	HAMI STREET ADDRESS 1915-71 J.		Change Addition
indicated on of the corpor	this report or supplemental report is to	rue and accirate and that verret to execute the repo	ing agoutaire deditered: Correganed by Corpora	this feet. I litting tip. Friende by its less it famous out or some logist effect as if made under eals, that ha essentially statistics, and that my dame appears in	oi an officer er cheester