

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90094 045 ***150.00

DOCUMENT # P94000016443

1. Entity Name

SOUTH OBT CORP.

Principal Place of Business

Mailing Address

**5898 SOUTH ORANGE BLOSSOM TRAIL
 ORLANDO FL 32839**

**P.O. BOX 99900
 LOUISVILLE KY 40269-9990**

2. Principal Place of Business

P.O. Box 99900

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Louisville KY

City & State

4. FEI Number

59-3236496

Applied For

Not Applicable

Zip

40269-0900

Country

USA

Zip

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

**A.G.C. CO.
 2300 SUN BANK CENTER
 200 SOUTH ORANGE AVENUE
 ORLANDO FL**

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 reinstalling)

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	PD PETERS, CHARLES 5898 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32839	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ONEY, WADE S 5898 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32839	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NUNZ, MARK 5898 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32839	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HENDRICK, CHARLOTTE L 11492 BLUEGRASS PKWY LOUISVILLE KY 40299-9990	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COX, KENNETH M 11492 BLUEGRASS PKWY LOUISVILLE KY 40299	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Charles W. Schnatter 2002 Papa John's Blvd. Louisville, KY 40299-2367	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD J. David Flanery 2002 Papa John's Blvd. Louisville KY 40299-2367	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth M. Cox, Asst. Sec.

4/17/2001

502/261-4936

Daytime Phone #

CR2E034 (10/00)



Better Ingredients.
Better Pizza.

Attachment

834926

#P940000 16443

DeNell Pinkston Hamm, Paralegal
Legal Department
Direct Dial 502/261-4936
Fax 502/261-4324
denell_hamm@papajohns.com

April 27, 2001

VIA UPS OVERNIGHT
Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: 2001 Uniform Business Report - South OBT Corp.

Dear Sir or Madam

Enclosed for filing are an original and one copy of the 2001 Uniform Business Report for the above-referenced entity, along with a check for \$150.00 to cover the cost of filing.

Please return the file-stamped copy to my attention in the enclosed self-addressed, stamped envelope.

Thank you for your assistance. Please call if you need anything further.

Sincerely,

PAPA JOHN'S INTERNATIONAL, INC.

DeNell Pinkston Hamm
Corporate Paralegal

Enclosures