

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000054714

1. Entity Name

SAN CARLOS PIZZA MANAGEMENT, INC.

Principal Place of Business

7460 SAN CARLOS BLVD
UNIT D
FT. MYERS FL 33912
US

Mailing Address

P.O. BOX 746
ESTERO FL 33928-0746
US

2. Principal Place of Business

18011 S. Tamiami Tr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft Myers, FL

City & State

Zip

Country

Zip

Country

33908

Lee

6. Name and Address of Current Registered Agent

PRATHER, ALAN H
1111 3RD AVE W
SUITE 300
BRADENTON FL 34205

7. Name and Address of New Registered Agent

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 Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
TAYLOR, MICHAEL G
7460 SAN CARLOS BLVD, UNIT D
FT. MYERS FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
PRATHER, ALAN H
1111 3RD AVE W, SUITE 300
BRADENTON FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
TAYLOR, JENNIFER N
7460 SAN CARLOS BLVD, UNIT D
FT. MYERS FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
PRATHER, BEVERLY A
1111 3RD AVE W, SUITE 300
BRADENTON FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ 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

Date

Daytime Phone #

Jennifer N. Taylor Jennifer N. Taylor 5/1/00 941-590-9314

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90131 033 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)