

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000081184

1. Entity Name

RESORT RESTAURANTS, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90043 043 ***150.00

Principal Place of Business

Mailing Address

~~645 SAN CARLOS BLVD~~
~~FT. MYER BEACH FL 33932~~
US

#1 MCDONALD'S CT
WAYNESBORO VA 22960

2. Principal Place of Business

645 OLD SAN CARLOS BLVD.

3. Mailing Address

Suite, Apt. #, etc.

City & State

FORT MYERS BEACH, FL

City & State

4. FEI Number

65-0531006

Applied For

Not Applicable

Zip

33931

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITESMAN, GUY E
HENDERSON FRANKLIN STARNES & HOLT PA
1715 MONROE ST
FT MYERS FL 33901

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 ☐ Delete
NAME DST
STREET ADDRESS HENDRICKS, RICHARD A
CITY-ST-ZIP #1 MCDONALD'S CT
WAYNESBORO VA

TITLE ☐ Delete
NAME DP
STREET ADDRESS CUSICK, G EDWARD
CITY-ST-ZIP 505 WELLINGTON PL
CHARLOTTESVILLE VA

TITLE ☐ Delete
NAME D
STREET ADDRESS HENDRICKS, DIANNE L
CITY-ST-ZIP 1 MCDONALD'S CT
WAYNESBORO VA

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 ☒ Change ☐ Addition
NAME D/V/S/T
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME D/V
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #

4-19-00

(540) 943-3176

G. EDWARD CUSICK

CR2E034 (9/99)