

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90046 003 ***150.00

DOCUMENT # P94000088447

1. Entity Name
RESTAURANT LIFE CORPORATION

Principal Place of Business

Mailing Address

BEECH ST.
BEACH FL 32034

801 BEECH ST.
FERNANDINA BEACH FL 32034-3634

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3286156**

Applied For

Not Applicable

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

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

Name **Robert A. Stam, CPA**

Street Address (P.O. Box Number is Not Acceptable)

12 South 6th Street

City **Fernandina Beach**

FL

Zip Code

32034

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

Robert A. Stam
 Signature, typed or printed name of registered agent and title if applicable

Robert A. Stam

(NOTE: Registered Agent signature required when reinstating)

2-11-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
 NAME **ERICKSON, RICHARD D**
 STREET ADDRESS **801 BEECH ST.**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

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

TITLE **DST** ☐ Delete
 NAME **BASHORE, ELIZABETH**
 STREET ADDRESS **801 BEECH ST.**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

Elizabeth Erickson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary/Treasurer
 Date Daytime Phone #

CR2E034 (9/99)