

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90065 007 ***150.00

DOCUMENT # P95000005746

1. Entity Name
S.P.W. RESTAURANT GROUP INC.

Principal Place of Business

**3720 NW 13TH STREET
 GAINESVILLE FL 32609**

Mailing Address

**3720 NW 13TH STREET
 GAINESVILLE FL 32609**

2. Principal Place of Business

3. Mailing Address

90 REGAN

Suite, Apt. #, etc.

4421 N.W. 36 DRIVE

City & State

Gainesville, FL.

Zip

32605-5424

Country

USA

4. FEI Number **59-3330787**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**REGAN, DONALD J
 4421 NW 36TH DR
 GAINESVILLE FL 32605**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 **PD**
 STREET ADDRESS **REGAN, DONALD J**
 CITY-ST-ZIP **4421 NW 36TH DR
 GAINESVILLE FL 32605**

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **REGAN, LAURE K.**
 CITY-ST-ZIP **4421 NW 36TH DR
 GAINESVILLE FL 32605**

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **YOUNG, DONALD G**
 CITY-ST-ZIP **14501 NW 153 TERR
 ALACHUA FL 32616**

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **AKEY, MICHAEL J**
 CITY-ST-ZIP **941 NW 118TH TERR
 GAINESVILLE FL 32606**

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **AKEY, MELISSA A**
 CITY-ST-ZIP **941 NW 118TH TERR
 GAINESVILLE FL 32606**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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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: **RDONALD J REGAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02 352-375-9006
Date Daytime Phone #

CR2E034 (9/01)