2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # P95000044339

SIGNATURE: .

Principal Place of Business

HANOVER RESTAURANTS, INC.

DEACON DRIVE		200 S ORANGE AVE SUITE 2300 ORLANDO FL 32801-3455 US						18 (BH) 1881
2. Principal Place of Business		3. Mailing Address WHO Geach Drive						13 (8)) (23)
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SP.	ACE	
City & State		City & State		4. F	4. FEI Number 59-3318723		Applied For Not Applicable	
Zip	Country	Zip	Country	5. (Certificate of Status Desired		8.75 Add ee Required	
	6. Name and Address of Current F	Registered Agent		7. N	Name and Address of New Reg	istered Ag	ent	
				Name				
A.G.	Street Addres	Street Address (P.O. Box Number is Not Acceptable)						
200 Suit			<u> </u>					
0116	ANDO FL 32801-3432		City			FL	Zip Code	,
8. The above	named entity submits this statement for	the purpose of changing its i	registered office or regis	stered ag	ent, or both, in the State of Floric	la.		
	·	, ,						
SIGNATURE	Signature, typed or printed name of registered agent at	od title if applicable (NOTE	Registered Agent signature requ	ured when re	einstating)	DATE		
		<u> </u>			1			
Tax filing i	oration is eligible to satisfy its Intangible equirement and elects to do so.	After MAY 1, 200	! FEE IS \$150.00 IO Fee will be \$550.00 e to Department of S		10. Election Campaign Finar Trust Fund Contribution.	ncing		May Be I to Fees
11.	OFFICERS AND I	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFIC	ERS AND D	PECTORS	3 IN 11
TITLE	DST	☐ Del∈te	TITLE			[Change	☐ Addition
NAME	SILVERTON, VIVIENNE		NAME					}
STREET ADDRESS CITY-ST-ZIP	9701 CHESTNUT RIDGE DR WINDERMERE FL		STREET ADDRESS CITY-ST-ZIP					
TITLE	DV	Delete	TITLE				Change	Addition
NAME	VOSS, JEFFERSON	EJ DOMAG	NAME				_ ,	
STREET ADDRESS	9701 CHESTNUT RIDGE DR		STREET ADDRESS					
CITY-ST-ZIP	WINDERMERE FL.	·	CITY-ST-ZIP				Observe	Addition
TITLE NAME	PD Thakkar, rasesh	☐ Delete	TITLE NAME			ı	Change	Houldon
STREET ADDRESS	9701 CHESTNUT RIDGE DR		STREET ADDRESS					
CITY-ST-ZIP	WINDERMERE FL		CITY-ST-ZIP					
TITLE	V	☐ Delete	TITLE			[Change	☐ Addition
NAME	PIERCY, TYLER		NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	6100 DEACON DRIVE WINDERMERE FL 34786		CITY-ST-ZIP					
TITLE	THIRDHIMEILE I C OTTOO	☐ Del∋te	TITLE				Change	Addition
NAME	1	62 50176	NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
title Name		☐ Delete	TITLE :			l	☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS					
OTT OT 7/D	1		CITY OF 71D					ļ

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.

FILED

Mar 01, 2000 8:00 am Secretary of State

03-01-2000 90026 002 ***150.00