

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90042 006 ***150.00

DOCUMENT # P96000013748

1. Entity Name
SEVILLE DINER, INCORPORATED

Principal Place of Business

**1010 N. 12TH AVENUE
 SUITE 233
 PENSACOLA FL 32501**

Mailing Address

**1010 N. 12TH AVENUE
 SUITE 233
 PENSACOLA FL 32501**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3420739

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WHIBBS, VINCENT J JR
 105 E GREGORY SQUARE
 PENSACOLA FL 32501**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **ANDERSON, KENNETH W**
STREET ADDRESS **615 WEST ISABELLA STREET SOUTH**
CITY-ST-ZIP **LAKE CITY FL 32056**

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

TITLE **DV** ☐ Delete
NAME **HANSON, BILL**
STREET ADDRESS **2461 LANGLEY AVE**
CITY-ST-ZIP **PENSACOLA FL**

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

TITLE **D** ☐ Delete
NAME **SPEAR, CHARLES A**
STREET ADDRESS **222 PINETREE DR**
CITY-ST-ZIP **GULF BREEZE FL**

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

TITLE **D** ☐ Delete
NAME **JENSON, GARY C**
STREET ADDRESS **1718 EAST CERVANTES STREET**
CITY-ST-ZIP **PENSACOLA FL 32501**

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

TITLE **D** ☐ Delete
NAME **RITZ, STEPHEN F**
STREET ADDRESS **1010 N 12TH AVE STE 201**
CITY-ST-ZIP **PENSACOLA FL**

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

TITLE **ST** ☐ Delete
NAME **BARRETT, MARGARET**
STREET ADDRESS **1010 N 12TH AVE STE 201**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **Secretary/Treasurer** ☒ Change ☐ Addition
NAME **Barrett, Margaret**
STREET ADDRESS **326 Myrick Drive**
CITY-ST-ZIP **Deatsville AL 36022**

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

Stephen F. Ritz 03/26/02 850 438 5911

Date

Daytime Phone #

CR2E034 (9/01)