

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90092 025 ***150.00

DOCUMENT # P96000027512

1. Entity Name

HAPP'S REDWING RESTAURANT, INC.

Principal Place of Business

**12500 S HWY 33
 GROVELAND FL 34736
 US**

Mailing Address

**12500 S HWY 33
 GROVELAND FL 34736
 US**

2. Principal Place of Business

3. Mailing Address

11021 Oleander Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clermont FL

Zip

Country

Zip

Country

34711

Lake

4. FEI Number **59-3377672**

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

**HAPP, DARRELL
 1611 3RD ST
 CLERMONT FL 34711**

Name

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

11021 Oleander Drive

City

Clermont

FL

Zip Code

34711

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, 2001 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 **PVD** ☐ Delete
 NAME **HAPP, DARRELL**
 STREET ADDRESS **1611 3RD ST**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☒ Change ☐ Addition
 NAME **11021 Oleander Drive**
 STREET ADDRESS **Clermont FL 34711**
 CITY-ST-ZIP

TITLE **STD** ☐ Delete
 NAME **HAPP, MARIANNE**
 STREET ADDRESS **1611 3RD ST**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☒ Change ☐ Addition
 NAME **11021 Oleander Drive**
 STREET ADDRESS **Clermont FL 34711**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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: **G. Happ / Marianne G. Happ** 4/20/01 3524292997
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)