2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000037668

1. Entity Name

THE PLAZA SIDEWALK CAFE, INC.

NO NAME CHANGE FILE!

SOUTH MANAGEMENT, INC Principal Place of Business

Mailing Address

138 BUSHNELL 101 BUSHNELL FL US			974 COUNTY ROAD 575 BUSHNELL FL 33513			1 3 8 3 13 6 6 1 3 1 6 1		TO A	1 3813 6 117 6 37	1 8 1 2821 2 88 2
2- Principal Place of Business			3: Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
Bushnell FL			City & State		4.	FEI Number	59-3377069	9	_ ⊢	oplied For ot Applicable
33513			Zip	Country		Certificate of S		□ Ė.	8.75 Addee Require	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
					Name					
6974	TER, CAROLE L COUNTY ROAD 575		Street /	Street Address (P.O. Box Number is Not Acceptable)						
BUS	HNELL FL 33513		City				EI	Zip Code	9	
								FL		
9. This corporation is eligible to satisfy its Intangible FILE NOV				PRESIDENT PROPERTY IN THE PROP	.00 550.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
11.	OFFIC	ERS AND DIR	ECTORS	12.	ΑC	DDITIONS/CH	ANGES TO OFF	ICERS AND D	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINTER, CAROLE L 6974 COUNTY ROAD 51 BUSHNELL FL 33513	75	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINTER, MICHAEL J 6974 COUNTY ROAD 57 BUSHNELL FL 33513	75	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, TERESA L 6201 COUNTY ROAD 47 BUSHNELL FL 33513	76	₽ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, STEVEN D 6201 COUNTY ROAD 47 BUSHNELL FL 33513	7 6	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP	•		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				[Change	☐ Addition

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 enpowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

May 22, 2001 8:00 am Secretary of State

05-22-2001 90006 019 ***150.00

☐ Change

☐ Addition