

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 08, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P96000053221****1. Entity Name****SAM'S PLACE FRANCHISING, INC.****Principal Place of Business**

7203 BRYAN DAIRY RD

**Mailing Address**

10801 STARKEY ROAD #104-23

LARGO  
33777

FL

US

LARGO  
33777

FL

**2. Principal Place of Business****3. Mailing Address**

7203 BRYAN DAIRY ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State****City & State**

LARGO

FL

Zip

Country

Zip

Country

33777

US

**4. FEI Number****59-3387893**

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**

EISEN RON

10801 STARKEY ROAD #104-23

LARGO

33777

FL

US

**7. Name and Address of New Registered Agent****Name**

EISEN RON

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

7203 BRYAN DAIRY ROAD

City  
LARGO

FL

Zip Code  
33777**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)

**04/08/2000**

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, 2000 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	VS	<input type="checkbox"/> Delete
NAME	EISEN DEBRA	
STREET ADDRESS	10801 STARKEY RD., #104-23	
CITY-ST-ZIP	LARGO FL	

TITLE	PT	<input type="checkbox"/> Delete
NAME	EISEN RON	
STREET ADDRESS	10801 STARKEY ROAD #104-23	
CITY-ST-ZIP	LARGO FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISEN DEBRA	
STREET ADDRESS	7203 BRYAN DAIRY ROAD	
CITY-ST-ZIP	LARGO FL 33777	

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISEN RON	
STREET ADDRESS	7203 BRYAN DAIRY ROAD	
CITY-ST-ZIP	LARGO FL 33777	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** Ronnie E. Eisen

Date: 04/08/2000