

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000092399

1. Entity Name

ROCK 'N' DINERS, INC.

Principal Place of Business

~~ST DINER~~  
~~12286 E. COLONIAL DRIVE~~  
~~ORLANDO FL 32826~~  
~~US~~

Mailing Address

~~ROCK 'N' DINERS, INC.~~  
~~PO BOX 2393~~  
~~OVIEDO FL 32765~~  
~~US~~

2. Principal Place of Business

~~S + DINER~~

Suite, Apt. #, etc.

12286 E. COLONIAL DRIVE

City & State

ORLANDO, FLORIDA

Zip

32826

Country

US

ORANGE

3. Mailing Address

~~ROCK 'N' DINERS, INC.~~

Suite, Apt. #, etc.

2140 CHAPMAN WOODS PLACE

City & State

OVIEDO, FLORIDA

Zip

32765

Country

US.

6. Name and Address of Current Registered Agent

SCHULTZ, TERRY L  
2140 CHAPMAN WOODS PLACE  
OVIEDO FL 32765



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3420130

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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, 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 D ☒ Delete  
NAME GARCIA, M A III  
STREET ADDRESS 601 N. NEW YORK AVE.  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE P ☐ Delete  
NAME SCHULTZ, TERRY L  
STREET ADDRESS PO BOX 2393  
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #