2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9700000336 May 19, 2000 8:00 am 1, Entity Name SOUTHWEST FLORIDA GULF PIZZA INVESTMENT, INC. Secretary of State 05-19-2000 90088 002 ***150.00 Mailing Address Principal Place of Business P.O. BOX 746 4600 BAYLINE DRIVE N. FT. MYERS FL 33917 ESTERO FL 33928-0746 US 3. Mailing Address Principal Place of Business · DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Apt. #, etc. 4. FEI Number Applied For City & State 65-0740070 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PRATHER, ALAN H ESQ. Street Address (P.O. Box Number is Not Acceptable) 1111 THIRD AVENUE WEST SUITE 300 **BRANDON FL 34205** Zip Code City FI 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE ☐ Change ☐ Delete TITLE TAYLOR, MICHAEL G. NAME NAME STREET ADDRESS **4600 BAYLINE DRIVE** STREET ADDRESS N. FT. MYERS FL 33917 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE PRATHER, ALAN HARDY NAME STREET ADDRESS STREET ADDRESS 1111 3RD AVE W. #300 CITY-ST-7IP CITY-ST-ZIP **BRADENTON FL 34205** Change ☐ Addition ☐ Delete TITLE PRATHER, BEVERLY A. NAME NAME STREET ADDRESS STREET ADDRESS 1111 3RD AVE W #300 CITY-ST-7IP CITY-ST-ZIP **BRADENTON FL 34205** Change ■ Addition Delete TITLE TITLE TAYLOR, JENNIFER N. NAME NAME STREET ADDRESS 4600 BAYLINE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. FT. MYERS FL 33917 Change Addition VD TITLE ☐ Delete MOUNTAIN, JOHN NAME NAME 4600 BAYLINE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N. FT. MYERS FL 33917 CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.