

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000000971

1. Entity Name
RESTAURANTS XVII, INC.



FILED
03 MAY 13 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
450 S. ORANGE AVENUE
ORLANDO, FL 32801

Mailing Address
450 S. ORANGE AVENUE
ORLANDO, FL 32801

2. Principal Place of Business

3. Mailing Address

P.O. Box 4920



☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Orlando, FL

4. FEI Number
59-3420917

Applied For
Not Applicable

Zip

Country

Zip
32802

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOURNE, ROBERT A
450 S. ORANGE AVENUE
ORLANDO, FL 32801

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
DCEO
SENEFF, JAMES M JR
450 S. ORANGE AVENUE
ORLANDO, FL 32801 ☐ Delete

TITLE
NAME
DPT
BOURNE, ROBERT A
450 S. ORANGE AVENUE
ORLANDO, FL 32801 ☐ Delete

TITLE
NAME
S
ROSE, LYNN E
450 S. ORANGE AVENUE
ORLANDO, FL 32801 ☐ Delete

TITLE
NAME

☐ Delete

TITLE
NAME

☐ Delete

TITLE
NAME

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME

☐ Change ☐ Addition

TITLE
NAME
700017128467
04/28/03--01025--014 **2210.00

☐ Change ☐ Addition

TITLE
NAME

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NAME

☐ Change ☐ Addition

12. 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 10 or Block 11 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

4-9-03

Date

407-650-1000

Daytime Phone #

CR2E034 (10/02)