

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000048027

1. Entity Name
SPOTO RESTAURANT CORPORATION

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90012 049 ***150.00

Principal Place of Business
**125 DATURA STREET
WEST PALM BEACH FL 32401**

Mailing Address
**125 DATURA STREET
WEST PALM BEACH FL 32401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0760758**

Applied For
☒ Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPRINKLE, PHILIP M II
777 SOUTH FLAGLER DR
SUITE 900, EAST TOWER
WEST PALM BEACH FL 33401**

Name **SANDRA KINGMAN**

Street Address (P.O. Box Number is Not Acceptable)
125 Datura St

City **West Palm Beach FL** Zip Code **33401**

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 *Sandra Kingman* **SANDRA KINGMAN**

DATE **1/29/01**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SPOTO, JOHN**
STREET ADDRESS **2439 24TH WAY**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

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

TITLE **S** ☐ Delete
NAME **DALY, ELLEN M**
STREET ADDRESS **2403 24TH WAY**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *John Spoto* **JOHN SPOTO**

DATE **1/29/01** DAYTIME PHONE # **561 659 9007**

CR2E034 (10/00)