

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90347 010 ***150.00

DOCUMENT # P97000091219

1. Entity Name
ANGELLINO'S RESTAURANT OF LARGO, INC.

Principal Place of Business 13883 WALSHINGHAM ROAD LARGO FL 33773	Mailing Address 13883 WALSHINGHAM ROAD LARGO FL 33773
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3473840** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRUZAS, FRANK
13883 WALSHINGHAM ROAD
LARGO FL 33773

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 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, 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	D	<input type="checkbox"/> Delete
NAME	BARLAS, GEORGE	
STREET ADDRESS	1016 TRADEWINDS DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	V	<input type="checkbox"/> Delete
NAME	DRUZAS, FRANK	
STREET ADDRESS	104 MERCURY AVENUE SOUTH	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARLAS, LEE	
STREET ADDRESS	1016 TRADEWINDS DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		<input type="checkbox"/> Delete
NAME		
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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: **GEORGE BARLAS, PRES.** Date Daytime Phone #

CR2E034 (10/00)