

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094025

1. Entity Name

LILLO'S ITALIAN RESTAURANT, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90133 019 ***150.00

Principal Place of Business

Mailing Address

364 GULF BREEZE PARKWAY
 GULF BREEZE FL 32561

364 GULF BREEZE PARKWAY
 GULF BREEZE FL 32561-4492

2. Principal Place of Business

997 SOUTH PALAFOX ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA FL 32501

City & State

4. FEI Number

59-3489104

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

LILLO, STEPHEN M
 364 GULF BREEZE PARKWAY
 GULF BREEZE FL 32561

Name
 SAME

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

997 SOUTH PALAFOX ST

PENSACOLA, FL 32501

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 LILLO, STEPHEN M
 364 GULF BREEZE PARKWAY
 GULF BREEZE FL 32561 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 997 SOUTH PALAFOX ST
 PENSACOLA, FL 32501 ☒ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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 affidavit, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2800