

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101461

1. Entity Name

FATHER & SON RESTAURANTS, INC.

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90061 048 \*\*\*558.75

Principal Place of Business

6400 CONGRESS AVE., SUITE 200A  
 BOCA RATON FL 33487

Mailing Address

6400 CONGRESS AVE., SUITE 200A  
 BOCA RATON FL 33487

D

2. Principal Place of Business

6400 CONGRESS AVE

Suite, Apt. #, etc.

SUITE 2000

City & State

BOCA RATON FL

Zip

33487

Country

PALM BEACH

3. Mailing Address

6400 CONGRESS AVE

Suite, Apt. #, etc.

SUITE 2000

City & State

BOCA RATON FL

Zip

33487

PALM BEACH



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0803503

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

POLIMENI, DOMINICA A  
 6400 CONGRESS AVE., SUITE 200A  
 BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name POLIMENI, DOMINIC A.

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

6400 CONGRESS AVE

SUITE 2000

City

BOCA RATON FL

Zip Code

33487

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE D ☐ Delete  
 NAME POLIMENI, DOMINIC A  
 STREET ADDRESS 6400 CONGRESS AVE., SUITE 200A  
 CITY-ST-ZIP BOCA RATON FL 33487

TITLE D ☐ Delete  
 NAME POLIMENI, DEAN A  
 STREET ADDRESS 6400 CONGRESS AVE., SUITE 200A  
 CITY-ST-ZIP BOCA RATON FL 33487

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
 NAME POLIMENI, DOMINIC A.  
 STREET ADDRESS 6400 CONGRESS AVE., SUITE 2000  
 CITY-ST-ZIP BOCA RATON, FL 33487

TITLE D ☒ Change ☐ Addition  
 NAME POLIMENI, DEAN A.  
 STREET ADDRESS 6400 CONGRESS AVE., SUITE 2000  
 CITY-ST-ZIP BOCA RATON, FL 33487

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

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

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

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:

*Signature of Dominic A. Polimeni*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/00 (561) 241-3355  
 Date Daytime Phone #