

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000003456

1. Entity Name

PARRISH PIZZA, INC.

Principal Place of Business

8255 US HIGHWAY 301 NORTH
PARRISH FL 34219

Mailing Address

P.O. BOX 561
ELLENTON FL 34222-0561

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

GELLER, ROGER
3013 95TH DR E
PARRISH FL 34219

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.

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	BLISS, DAVID N	
STREET ADDRESS	9514 30TH COURT EAST	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	P	<input type="checkbox"/> Delete
NAME	GELLER, ROGER	
STREET ADDRESS	3013 95TH DR. EAST	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROGER S. Geller

Date

Daytime Phone #

4/10/00 (941) 776-9116

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90017 004 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0801220 ☐ Applied For ☐ Not Applicable

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

CR2E034 (9/99)