

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023060

1. Entity Name

VARIETY PIZZA CORPORATION

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90020 017 ***150.00

Principal Place of Business

1031 W. MORSE BLVD., STE. 105
WINTER PARK FL 32789

Mailing Address

1031 W. MORSE BLVD., STE. 105
WINTER PARK FL 32789-3738

2. Principal Place of Business

CICIS PIZZA

Suite, Apt. #, etc.

1430 Del Prado Blvd. S.

City & State

Cape Coral FL

Zip

33991

Country

Lee

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0813252

Applied For

Not Applicable

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

WEATHERFORD, WILLIAM P JR.
1031 W. MORSE BLVD., STE. 105
WINTER PARK FL 32789

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS MCGRATH, TIMOTHY W
CITY-ST-ZIP 7110 SPRANDIL LANE 1821 Piccadilly Circle
CHARLOTTE NC 28215 Cape Coral FL. 33991

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MCGRATH, MARIA A 1821 Piccadilly Circle
CITY-ST-ZIP 7110 SPRANDIL LANE Cape Coral FL. 33991
CHARLOTTE NC 28215

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

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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:

Timothy W. McGrath **Timothy W. McGrath**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/2000

CR2E034 (9/99)