2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023655

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
MISSION RESTAURANTS, INC.

Principal Place of Business	Mailing Address
Post Office 175 Destin, FL 32540	

2. Principal Place of Business	3. Mailing Address
623 E. Hwy 98, Ste 7	623 E. Hwy 98
Suite, Apt. #, etc. Ste 7	Suite, Apt. #, etc. Ste. 7
City & State Destin, Fl 32541	City & State Destin, Fl 32541
Zip 32541 Country U.S.	Zip 32541 Country U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3503088 ☐ 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
Lamar Conerly, Jr. 1234 Airport Rd.,111 Destin, FL 32541	Name: Lamar Conerly, Jr. Street Address (P.O. Box Number is Not Acceptable): 4481 Legendary Dr. City: Destin **FL** Zip Code: 32541

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] Registered Agent September 7, 2000
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) ☒

[redacted]

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 P NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete Jeffrey Miller 12274 North 138th Street Scottsdale, AZ. 85259	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio T00003389067--7 -09/12/00--01008--001 ****550.00 ****550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Chuck Cooper 623 E. Hwy 98, Ste 7 Destin, FL 32541 ☐ Change ☒ Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio T00003389067--7 -09/12/00--01008--002 ****700.00 ****700.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio

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] Chuck Cooper/VP 09/12/00 (850) 650-9473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #