

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000027873

1. Entity Name
WEEKS RESTAURANT CORP.

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90101 020 ***550.00

Principal Place of Business 3005 DORRIT AVENUE BOYNTON BEACH FL 33436 US	Mailing Address 3005 DORRIT AVENUE BOYNTON BEACH FL 33436 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 101 SOUTH SEAS DRIVE Suite, Apt. #, etc. STE.305 City & State JUPITER, FL Zip 33477 Country U.S.A.	3. Mailing Address 101 SOUTH SEAS DRIVE Suite, Apt. #, etc. STE.305 City & State JUPITER, FL Zip 33477-1126 Country U.S.A.
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4. FEI Number NOT APPLICABLE 65-1034438	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~WEEKS, JANNIE~~
~~3005 DORRIT AVENUE~~
~~BOYNTON BEACH FL 33436~~

7. Name and Address of New Registered Agent

Name: KENNETH M. BOYD
Street Address (P.O. Box Number is Not Acceptable)
101 SOUTH SEAS DRIVE STE.305
City: JUPITER FL Zip Code: 33477-1126

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]* DATE: 8/29/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEEKS, JANNIE 3005 DORRIT AVENUE BOYNTON BEACH FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, PRES.SEC.TREA. KENNETH M. BOYD 101 SOUTH SEAS DRIVE Ste.305 JUPITER, FL 33477-1126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, V.P., ASST.TREA. EDITH G. BOYD 101 SOUTH SEAS DRIVE Ste.305 JUPITER, FL 33477-1126 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 address, with all other like empowered.

SIGNATURE: *[Signature]* 8-28-00 561-743-3155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
KENNETH M. BOYD

CR2E034 (5/00)