

2001 UNIFORM BUSINESS REPORT (UBR)

0061942

DOCUMENT # P98000029833

1. Entity Name

PARK AVENUE RESTAURANT, INC.

FILED

01 JUN 28 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

28-42 W CENTRAL BLVD
STE 400
ORLANDO FL 32802

Mailing Address

P.O. BOX 3444
ORLANDO FL 32802

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3507673

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILLIAMS, WARREN E
28 W. CENTRAL BLVD.
ORLANDO FL 32802

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, 2001 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

\$150.00

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUTZ, THOMAS	
STREET ADDRESS	28 W. CENTRAL BLVD.	
CITY-ST-ZIP	ORLANDO FL 32802	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	WILLIAMS, WARREN E	
STREET ADDRESS	312 LONG LANE	
CITY-ST-ZIP	WINTER PARK FL 32789	
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	P D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARILYN B. WILLIAMS	
STREET ADDRESS	P.O. BOX 3444/28 WST CENTRAL BLVD	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100004451761--2	
STREET ADDRESS	-06/29/01--01053--001	
CITY-ST-ZIP	****791.25 ****150.00	
TITLE	VP-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY DEMETREE	
STREET ADDRESS	3345 Edgewater Drive	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	MANAGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Allen Davis	
STREET ADDRESS	319 S. PARK AVENUE	
CITY-ST-ZIP	WINTER PARK, FL 32789	
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 687, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-01

CR2E034 (10/00)