

2002 UNIFORM BUSINESS REPORT (UBR)

0094276 AV

DOCUMENT # P98000029833

1. Entity Name
PARK AVENUE RESTAURANT, INC.

FILED

02 MAY -1 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

28-42 W CENTRAL BLVD
ORLANDO FL 32802

Mailing Address

P.O. BOX 3444
ORLANDO FL 32802

2. Principal Place of Business

Suite, Apt. #, etc.
401

City & State

Zip

Country

3. Mailing Address

28-42 W. CENTRAL Blvd

Suite, Apt. #, etc.

Suite 401

City & State

ORLANDO FL

Zip

32801

Country

4. FEI Number

59-3507673

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

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)

Suite 401

City

FL

Zip Code

32801

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 WARREN WILLIAMS

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-02

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, 2002 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 PD
NAME WILLIAMS, MARILYN B
STREET ADDRESS 28 W. CENTRAL BLVD.
CITY-ST-ZIP ORLANDO FL 32802 ☐ Delete

TITLE DVP
NAME WILLIAMS, WARREN E
STREET ADDRESS 312 LONG LANE
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE VD
NAME DEMTREE, MARY
STREET ADDRESS 3345 EDGEWATER DRIVE
CITY-ST-ZIP ORLANDO FL 32804 ☐ Delete

TITLE MOR
NAME DAVIS, ALLEN
STREET ADDRESS 340 S PARK AVENUE
CITY-ST-ZIP WINTER PARK FL 32789 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME 300005504493-4
STREET ADDRESS -05/13/02--01006--003
CITY-ST-ZIP ***1041.25 ***150.00 ☐ Change ☐ Addition

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

TITLE
NAME Ronald N. Schwartz VP
STREET ADDRESS 3345 Edgewater Drive
CITY-ST-ZIP ORLANDO, FL 32804 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 407-425-1985

Date

Daytime Phone #

CR2E034 (9/01)