2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

DOCUMENT # P98000035772 Feb 15, 2000 8:00 am 1. Entity Name **Secretary of State** ACADIAN RESTAURANTS, INC. 02-15-2000 90062 041 ***150.00 Mailing Address Principal Place of Business 4800 NORTH FEDERAL HIGHWAY 4800 NORTH FEDERAL HIGHWAY 205-A 205-A **BOCA RATON FL 33431** BOCA RATON FL 33431-5188 2. Principal Place of Business 3. Mailing Address SE (00) 00 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. SUITE らいした Applied For City & State 4. FFI Number 65-0855716 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPONDER, STEVEN Street Address (P.O. Box Number is Not Acceptable) 4800 NORTH FEDERAL HIGHWAY 205-A **BOCA RATON FL 33431** 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE TITLE 100 SE. 5 AVENUE, SVITE 4/1 BOCA RATON, FL 33432 NAME SPONDER, STEVEN NAME STREET ADDRESS STREET ADDRESS 401 N.E. MIZNER BOULEVARD, #203 CITY-ST-ZIP CITY-ST-ZIF **BOCA RATON FL 33432** ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITHE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if