

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90122 047 ***150.00

DOCUMENT # P98000039561

1. Entity Name

SOUTH PHILLY STEAKS & HOAGIES, INC.

Principal Place of Business

1000 HWY A1A
 SATELLITE BEACH FL 32937
 US

Mailing Address

4600 BABCOCK ST NE
 PALM BAY FL 32905-2823
 US

2. Principal Place of Business

275 E. Eau Gallie Blvd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Zip

32937

Country

USA

Country

4. FEI Number

59-3506239

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GRADY, STAR E
2134 SANDALWOOD DR
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name **KARL W. BOHNE JR.**

Street Address (P.O. Box Number is Not Acceptable)
780 S. Apollo Blvd.

Suite 107

City **Melbourne**

FL

Zip Code
32901

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] **Karl W. Bohne, Jr.**

4-26-00

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, 2000 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	P	<input checked="" type="checkbox"/> Delete
NAME	DRAKE, CHER	
STREET ADDRESS	1100 W NEW HAVEN AVE	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	GRADY, STAR	
STREET ADDRESS	4600 BABCOCK ST NE	
CITY-ST-ZIP	PALM BAY FL 32905	
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	PT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joan Levy	
STREET ADDRESS	1177 N. Hwy. A-1-A #303	
CITY-ST-ZIP	Indianapolis FL 32903	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Levy	
STREET ADDRESS	1177 N. Hwy A-1-A #303	
CITY-ST-ZIP	Indianapolis FL 32903	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jane G. Neptune	
STREET ADDRESS	1225 N. Wickham Rd. #521	
CITY-ST-ZIP	Melbourne FL 32935	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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] **Jane G. Neptune, Sec.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)