

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000042067**1. Entity Name
TAMIAMI PIZZA MANAGEMENT, INC.**FILED**
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91283 048 ***150.00

Principal Place of Business

**18011 S. TAMIAMI TRAIL
#9
FORT MYERS FL 33908**

Mailing Address

**P.O. BOX 746
ESTERO FL 33928**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

17589 Laurel Valley Rd.**FL Myers FL****33912****U.S.**4. FEI Number **65-0840024**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PRATHER, ALAN H
1111 THIRD AVENUE WEST SUITE 300
BRADENTON FL 34205**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DV** ☐ Delete
NAME **PRATHER, ALAN H**
STREET ADDRESS **1111 THIRD AVENUE WEST SUITE 300**
CITY-ST-ZIP **BRADENTON FL 34205**TITLE **DP** ☐ Delete
NAME **TAYLOR, MICHAEL G**
STREET ADDRESS **18011 S. TAMIAMI TRAIL, #9**
CITY-ST-ZIP **FORT MYERS FL 33908**TITLE **DS** ☐ Delete
NAME **PRATHER, BEVERLYA**
STREET ADDRESS **1111 THIRD AVE. W., STE 300**
CITY-ST-ZIP **BRADENTON FL 34205**TITLE **DT** ☐ Delete
NAME **TAYLOR, JENNIFER N**
STREET ADDRESS **18011 S. TAMIAMI TR. , #9**
CITY-ST-ZIP **FORT MYERS FL 33908**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Date

Daytime Phone #

CR2E034 (10/00)