

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~99000000000000000000~~ 99000048530

1. Entity Name
~~PETERSON RESTAURANT CORP.~~ CURLEY DEVELOPMENT, INC.

Principal Place of Business Mailing Address
877 EXECUTIVE CENTER DR. W., STE. 303 877 EXECUTIVE CENTER DR. W., STE. 303
GLADES BUILDING GLADES BUILDING
ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702-2474

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number ~~593540794~~ ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
MASCARA, ERNEST L
877 EXECUTIVE CENTER DR. W., STE. 303
GLADES BUILDING
ST. PETERSBURG FL 33702
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

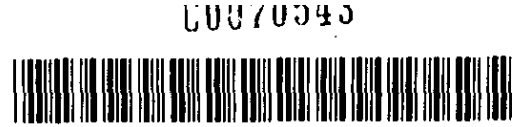
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LODER, JOHN		NAME		
STREET ADDRESS	401 GULF BLVD		STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 34635		CITY-ST-ZIP		
TITLE	VSTD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LODER, MATTHEW		NAME		
STREET ADDRESS	401 GULF BLVD		STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 34635		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	P/VP/T/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Anthony J. Bruscino	
STREET ADDRESS			STREET ADDRESS	675 Penfield Street	
CITY-ST-ZIP			CITY-ST-ZIP	LongBoat Key, Fl. 34228	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 REQUIRED ANTHONY J. BRUSCINO 4/14/00 941-387-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Apr 27, 2000 8:00 am
Secretary of State
04-27-2000 90008 029 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)