

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100200

1. Entity Name

IHOP OF CLEARWATER, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90020 027 ***150.00

Principal Place of Business

Mailing Address

22996 US HWY 19 NORTH
 CLEARWATER FL 33765-1863
 US

22996 US HWY 19 NORTH
 CLEARWATER FL 33765
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3545789

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

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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, 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	PTD	<input type="checkbox"/> Delete
NAME	COSTALAS, CHRISTINE	
STREET ADDRESS	509 SOUTH GREENWOOD AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DEMETRIOS, COSTALAS	
STREET ADDRESS	509 SOUTH GREENWOOD AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	S	<input type="checkbox"/> Delete
NAME	COSTALAS, LANA	
STREET ADDRESS	509 SOUTH GREENWOOD AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33756	
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		

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTALAS CHRISTINE	
STREET ADDRESS	509 SOUTH GREENWOOD AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMETRIOS COSTALAS	
STREET ADDRESS	509 SOUTH GREENWOOD AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTALAS, LANA	
STREET ADDRESS	509 SOUTH GREENWOOD AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33756	
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

4-10-00

Date

Daytime Phone #

(727) 725-8821

CR20014 (3/99)