

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100270

1. Entity Name

SAYLOR RESTAURANTS, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90012 008 ***550.00

Principal Place of Business

603 N INDIAN RIVER DR., SUITE 104
FORT PIERCE FL 34950

Mailing Address

603 N INDIAN RIVER DR., SUITE 104
FORT PIERCE FL 34950

2. Principal Place of Business

7230 Reserve Creek Drive

3. Mailing Address

7230 Reserve Creek Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Port St. Lucie, FL

City & State

Port St. Lucie, FL

4. FEI Number

65-0895416

Applied For

Not Applicable

Zip

34986

Country

US

Zip

34986

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WINGFIELD, T. SCOTT
603 N INDIAN RIVER DR., SUITE 104
FORT PIERCE FL 34950

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

9/6/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS WINGFIELD, T. SCOTT
CITY-ST-ZIP 7230 RESERVE CREEK DRIVE
PORT ST. LUCIE FL 34986

TITLE ☐ Delete
NAME D
STREET ADDRESS WINGFIELD, KARON E
CITY-ST-ZIP 7230 RESERVE CREEK DRIVE
PORT ST. LUCIE FL 34986

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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:

T. Scott Wingfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/00
Date

561-465-9706
Daytime Phone #

CR2E034 (5/00)