

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 03, 2001 8:00 am  
Secretary of State

02-03-2001 90067 026 \*\*\*150.00

DOCUMENT # P98000100270

1. Entity Name

SAYLOR RESTAURANTS, INC.

Principal Place of Business

7230 RESERVE CREEK DRIVE  
PORT SAINT LUCIE FL 34986  
US

Mailing Address

7230 RESERVE CREEK DRIVE  
PORT SAINT LUCIE FL 34986  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0895416

Applied For

Not Applicable

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

7230 Reserve Creek Drive

City

Port St. Lucie

FL

Zip Code

34986

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 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	D	<input type="checkbox"/> Delete
NAME	WINGFIELD, T. SCOTT	
STREET ADDRESS	7230 RESERVE CREEK DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINGFIELD, KARON E	
STREET ADDRESS	7230 RESERVE CREEK DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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

7/27/01  
Date

561-465-9706  
Daytime Phone #

CR2E034 (10/00)