

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 02, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000022336**1. Entity Name
CB TYRONE RESTAURANT CORP.

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

2. Principal Place of Business	3. Mailing Address
KRESS BLDG., SUITE M-8	KRESS BLDG., STE. M-8

Suite, Apt. #, etc.	Suite, Apt. #, etc.
475 CENTRAL AVENUE	475 CENTRAL AVENUE

City & State	City & State
ST. PETERSBURG FL	ST. PETERSBURG FL

Zip	Country	Zip	Country
33701	US	33701	US

4. FEI Number	Applied For
59-3565855	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMASCARA ERNEST L
GLADES BLDG., STE. 303
877 EXECUTIVE CENTER DR. W.
ST. PETERSBURG FL
33702**7. Name and Address of New Registered Agent**

Name
MASCARA ERNEST L
Street Address (P.O. Box Number is Not Acceptable)
KRESS BLDG., STE. M-8
475 CENTRAL AVENUE
City
ST. PETERSBURG FL
Zip Code
33701

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 **ERNEST L. MASCARA****04/02/2001**

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	VD	<input type="checkbox"/> Delete
NAME	LODER MATTHEW	
STREET ADDRESS	401 GULF BLVD	
CITY-ST-ZIP	INDIAN ROCK BEACH FL 34635	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	LODER GEROGUE	
STREET ADDRESS	401 GULF BLVD	
CITY-ST-ZIP	INDIAN ROCK BEACH FL 34635	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	LODER JOHN	
STREET ADDRESS	401 GULF BLVD	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 34635	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LODER MATTHEW	
STREET ADDRESS	401 GULF BLVD	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 34635	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LODER GEROGUE	
STREET ADDRESS	401 GULF BLVD	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 34635	
TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LODER JOHN	
STREET ADDRESS	401 GULF BLVD	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 34635	
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		
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: **JOHN LODER**

P

04/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)