

2000 UNIFORM BUSINESS REPORT (UBR)

2/25/00-90008-047-\$150.00-\$150.00

DOCUMENT # P99000048319

1. Entity Name

DEMETRIO'S RESTAURANT & PIZZA, INC.

FILED

00 MAR 30 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2901 26 STREET WEST #612
BRADENTON FL 34205

2901 26 STREET WEST #612
BRADENTON FL 34205-3763

2. Principal Place of Business

7867 Saddle Creek Trail

3. Mailing Address

Same

Suite, Apt. #, etc.

7867 Saddle Creek Trail

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

4. FEI Number

65-0930835

Applied For

Not Applicable

Zip

34241

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

ZAPATKA, EDWARD P
2901 26 STREET WEST #612
BRADENTON FL 34205

Name Michele T. Brackett

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

7867 Saddle Creek Trail

City Sarasota

FL

Zip Code 34241

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

Michele T. Brackett

Michele T. Brackett

3/27/00

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 P/D
NAME Michele T. Brackett ☐ Delete
STREET ADDRESS 7867 Saddle Creek Trail
CITY-ST-ZIP Sarasota, FL 34241

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

TITLE VP/Sec/D
NAME Joan J. Tatum ☐ Delete
STREET ADDRESS 4152 Moss Oak Place
CITY-ST-ZIP Sarasota, FL 34231

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michele T. Brackett
President

Date

Daytime Phone #

941-366-8346

CR2E034 (9/99)