

FILED
May 12, 2000 8:00 am
Secretary of State

DO NOT WRITE IN THIS SPACE

DOCUMENT # P9900007455
1. Entity Name
JACK & THE BOX, INC. OF SARASOTA

Principal Place of Business
679 AVENIDA DEL NORTE
SARASOTA, FLORIDA 34242

Mailing Address
679 AVENIDA DEL NORTE
SARASOTA, FLORIDA 34242

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

Country

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FLORIDA 33134

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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, 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 21, 2000, FEE IS \$550.00
Fees are available to Department of State

10. Election Campaign Financing... Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PTD
DAVID M. ROSENBERG
679 AVENIDA DEL NORTE
SARASOTA, FLORIDA 34243
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

JACK CRAWFORD (VPS)
679 AVENIDA DEL NORTE
SARASOTA, FLORIDA 34243
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: David M. Rosenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David m. Rosenberg 4/28/00 (941)331-1109
Date Daytime Phone #