

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079028

1. Entity Name
SCIASCIA RESTAURANTS, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90021 033 ***150.00

Principal Place of Business

1960 CHATHAMMOOR DRIVE
ORLANDO FL 32835

Mailing Address

1960 CHATHAMMOOR DRIVE
ORLANDO FL 32835-8189

2. Principal Place of Business

2350 N. FEEL HWY
Suite, Apt. #, etc.

3. Mailing Address

2350 N. FEEL HWY.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
FT LAUDERDALE

City & State
FT. LAUDERDALE

4. FFL Number
59-3598206

Applied For
Not Applicable

Zip
33309

Country
USA

Zip
33309

Country
USA

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

SCIASCIA, CHARLES W
1960 CHATHAMMOOR DRIVE
ORLANDO FL 32835

Name
CHARLES W. SCIASCIA

Street Address (P.O. Box Number is Not Acceptable)
2350 N. FEEL HWY.

City
FT. LAUDERDALE FL

Zip Code
33309

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
Charles W. Sciascia

DATE
4/3/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D SCIASCIA, CHARLES W 1960 CHATHAMMOOR DRIVE ORLANDO FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Charles W. Sciascia

DATE
4/3/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/99)