

PP9000079940

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Campus Eatery & Entertainment, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P99000079940

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carol Kayl Freeman  
(Name of Contact Person)

Campus Eatery & Entertainment, Inc.  
(Firm/Company)

473 Mariner Boulevard  
(Address)

Spring Hill FL 34609  
(City/State and Zip Code)

For further information concerning this matter, please call:

Carol Kayl Freeman at ( 352 ) 238-2532  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Campus Eatery and Entertainment, Inc.
- 2. The principal office address: 473 Mariner Boulevard  
Spring Hill FL 34609
- 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 9-2-99 Document number: P99000079940

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Dean Monaco  
23748 E. Colonial Drive  
Christmas FL 32709

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

Carol Kayl Freeman  
473 Mariner Boulevard  
(P.O. Box NOT acceptable)  
Spring Hill FL 34609

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The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Dean Monaco  
(Signature of an officer or director)

Dean Monaco President  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
(Signature of Registered Agent)

9-2-05  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*