

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90010 024 ***150.00

DOCUMENT # P99000081056

1. Entity Name

TODD'S FAMILY DINER, INC.

Principal Place of Business

Mailing Address

224 DAIRY RD.
 AUBURDALE FL 33823

224 DAIRY RD.
 AUBURDALE FL 33823-3644

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3598382

Applied For

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 Agent

ODUM, PAULINE
 224 DAIRY RD.
 AUBURDALE FL 33823

7. Name and Address of New Registered Agent

Name *Debra Collins*

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

1187 35th St. NW

City *Winter Haven*

FL

Zip Code *33881*

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 *Debra Collins*

4-26-00

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 Delete
 NAME **D TODD, BILLY**
 STREET ADDRESS **2104 PALM NUT DR.**
 CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE Change Addition

TITLE Delete
 NAME **D HARRIS, SHIRLEY**
 STREET ADDRESS **1014 BILTMORE DR. NW**
 CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE Change Addition

TITLE Delete
 NAME ~~**D ODUM, PAULINE**~~
 STREET ADDRESS ~~**1710 SANDLEWOOD CIR.**~~
 CITY-ST-ZIP ~~**WINTER HAVEN FL 33880**~~

TITLE Change Addition

TITLE Delete
 NAME **D COLLINS, DEBRA**
 STREET ADDRESS **1187 - 35TH ST., NW**
 CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change 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: *Debra Collins*

4-26-00 (863) 967-2830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #