2001 UNIFORM BUSINESS REPORT (UBR)

Apr 12, 2001 8:00 am DOCUMENT # P99000081056 Secretary of State TODD'S FAMILY DINER, INC. 04-12-2001 90050 032 ***150.00 Principal Place of Business Mailing Address 224 DAIRY RD. 224 DAIRY RD. AUBURNDALE FL 33823 AUBURNDALE FL 33823 UUU34703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3598382 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Г Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLLING, DEBRA FVAline Conley 1187 35 STREET N.W. 406 Broward Terrace lerrace WINTER HAVEN FL 33881 Winter Haven, Fl winter 33884150 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 WORE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Change TITLE TITLE Conley Eval Relieble 406 Broward Terrace President tresident. Evaline Conley Terrace TODD: BILLY NAME NAME 2104 PALM NUT DR. STREET ADDRESS STREET ADDRESS 406 Broward Terra WINTER HAVEN FL 33881 WINTER HOUSE, FL33684 CITY-ST-ZIP CITY-ST-ZIP Treasurer V Delete TIME Contex Carlo casur NAME Conley 1014 BILTMORE DR. NW 406 Broward Terrace Ci STREET ADDRESS STREET ADDRESS Broward Terrace WINTER HAVEN FL 33881 LOID FOR HOVER H 355 CITY-ST-ZIP CITY-ST-ZIF inter klaven, F133881 Change TITLE TITLE secretary Evaline-Ciconley COLLINS, DEBRA NAME NAME STREET ADDRESS 1187~- 35TH-ST., NW~ STREET ADDRESS 406 Broward Terrace CITY-ST-ZIP WINTER HAVEN FL 33881 CITY-ST-ZIP TITLE Delete TITLE Winter Haven, H33881 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME¹ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.