

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000084968**

1. Entity Name

CHANGES IN LATITUDE RESTAURANT, INC.**FILED****May 04, 2000 8:00 am**
Secretary of State

05-04-2000 90137 039 ***158.75

Principal Place of Business

Mailing Address

2508 FAIRBANK COURT
NAPERVILLE IL 605402508 FAIRBANK COURT
NAPERVILLE IL 60540-1947

2. Principal Place of Business

3. Mailing Address

2750 Griffin Rd

2750 Griffin Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale FL

4. FEI Number

36-4325973

Applied For

Not Applicable

Zip

Country

33312 U.S.A.

Zip

Country

33312 U.S.A.

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**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

City

FL

Zip Code

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

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 State10. 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 President ☐ Delete
NAME ROBERT SIEGEL
STREET ADDRESS 5022 Stillwater Terrace
CITY-ST-ZIP Ft. Lauderdale, FL 33312TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Secretary - Treasurer ☐ Delete
NAME Victoria Siegel
STREET ADDRESS 5022 Stillwater Terrace
CITY-ST-ZIP Ft. Lauderdale FL 33312TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)