

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089646

1. Entity Name

SASO RESTAURANTS, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90022 036 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

12247 University Blvd.

3. Mailing Address

1050 Lindridge Dr., NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Atlanta, GA

4. FEI Number

58 2498338

Applied For

Not Applicable

Zip
32817

Country
Orange

Zip
30324

Country
Fulton

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

Name

Lane Schoeck

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

2346 Shade Tree Lane

City
Tampa

FL

Zip Code
33759

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 Lane Schoeck

(no change)

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

TITLE President ☐ Delete
NAME Arthur G. Schoeck
STREET ADDRESS 1050 Lindridge Dr., NE
CITY-ST-ZIP Atlanta, GA 30324

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 file empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur G. Schoeck

3/15/00

Date

404 814 0739

Daytime Phone #

CR2E034 (9/99)