

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90538 006 ***150.00

DOCUMENT # S13656

1. Entity Name

RESTAURANT ADVENTURES, INC.

Principal Place of Business

**1016 EAST SEMORAN BLVD
 CASSELBERRY FL 32751**

Mailing Address

**1016 EAST SEMORAN BLVD
 CASSELBERRY FL 32751**

814695



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3038859

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALDERS, SUSAN
 105 OAKLEIGH DR
 MATLAND FL 32751**

7. Name and Address of New Registered Agent

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, 2001 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: **PVST** Delete
 NAME: **ALDERS, BLAKE C**
 STREET ADDRESS: **105 OAKLEIGH DR**
 CITY-ST-ZIP: **MATLAND FL 32751**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: Change Addition
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TITLE: 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, 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]
BLAKE C ALDERS
PRESIDENT

2/21/01
 Date

407 767-8232
 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)