

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

543691

1. Entity Name

BUFFALO'S ORIGINAL WINGS & RINGS III
OF TALLAHASSEE, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90070 006 ***150.00

Principal Place of Business

Mailing Address

BUFFALO'S ORIGINAL WINGS & RINGS III OF
TALLAHASSEE, INC.

00040645

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1355 MARKET ST.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box
9066

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32312

Country

USA

City & State

TALLAHASSEE, FL

Zip

32302

Country

USA

4. FEI Number

59-3070487

Applied For

Not Applicable

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

JACKSON, EDDIE
1355 MARKET ST.
TALLAHASSEE, FL 32312

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 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	PD	<input type="checkbox"/> Delete
NAME	AZAR, NORMAN	
STREET ADDRESS	905 E. FAIRVIEW	
CITY-ST-ZIP	MONTGOMERY, AL	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	JACKSON, EDDIE	
STREET ADDRESS	1355 MARKET ST.	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

Eddie Jackson

4/21/00 850-385-0026

CR2E034 (9/99)