2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2000 08:00 AM
Secretary of State

DOCUMENT # **V26655**

1. Entity Name
RBP ITALIAN RESTAURANT INC.

Principal Place of Business	Mailing Address
188 MARINER BLVD.	188 MARINER BLVD.
SPRING HILL FL	SPRING HILL FL
34609 US	34609 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3111620** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

POLICARI, BARBARA A.
7260 SANDS COURT
SPRING HILL FL
34606

7. Name and Address of New Registered Agent

Name
POLICARI BARBARA AOWNER
Street Address (P.O. Box Number is Not Acceptable)
7260 SANDS COURT
City
SPRING HILL **FL** Zip Code 34606

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 **BARBARA A. POLICARI** **02/27/2000**
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D POLICARI, BARBARA A. 7260 SANDS COURT SPRING HILL FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POLICARI, BARBARA A. 7260 SANDS COURT SPRING HILL FL 34606 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Barbara A. Policari D 02/27/2000