#### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. COB

SIGNATURE: NICHOLAS OLIVIERI Electronic Signature of Signing Officer/Director Detail

# 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# N2000004489

Entity Name: RESTAURANT & ALLIED PARTNERSHIP OF CENTRAL FLORIDA, INC.

#### **Current Principal Place of Business:**

1618 N MILLS AVENUE ORLANDO, FL 32803

## **Current Mailing Address:**

1618 N MILLS AVENUE ORLANDO, FL 32803 US

## FEI Number: 85-0837795

#### Name and Address of Current Registered Agent:

OLIVIERI, NICHOLAS D 1060 LAKE BALDWIN LN ORLANDO, FL 32814 US

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:

Ele

#### **Officer/Director I**

Title	CEO	Title	СОВ
Name	NICKELL, EDWARD L	Name	OLIVIERI, NICHOLAS D
Address	1060 LAKE BALDWIN LN	Address	1060 LAKE BALDWIN LN
City-State-Zip:	ORLANDO FL 32814	City-State-Zip:	ORLANDO FL 32814

lectronic Signature of Registered Agent					
Detail :					
0	Title	COB			
KELL, EDWARD L	Name	OLIVIERI, NICHOLAS D			
0 LAKE BALDWIN LN	Address	1060 LAKE BALDWIN LN			

FILED Feb 05, 2024 Secretary of State 5293699398CC

Date

Certificate of Status Desired: No

02/05/2024

Date