

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90094 039 ***150.00

DOCUMENT # P30797

1. Entity Name

SAGE DINING SERVICES, INCORPORATED

Principal Place of Business

Mailing Address

**4 EAST BISHOP'S ROAD
 BALTIMORE MD 21218**

**P. O. BOX 39147
 BALTIMORE MD 21212-6147
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1689755

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

604912



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRIPP, LEE
 22309 SW 66TH AVE
 BOCA RATON FL 33428**

Name **Tripp, Lee**

Street Address (P.O. Box Number is Not Acceptable)
22545 SW 66th Ave

Apt 201

City **Boca Raton**

FL

Zip Code **33428**

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

Address change only

Signature, type 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 Delete
 NAME **PTD RODRIGUEZ, FRANCISCO**
 STREET ADDRESS **4 E. BISHOP'S RD.**
 CITY-ST-ZIP **BALTIMORE MD**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD PENSALFINI, KENNETH G.**
 STREET ADDRESS **900 SAGE RD. EAST**
 CITY-ST-ZIP **WEST CHESTER PA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD RODRIGUEZ, CHRISTINA J.**
 STREET ADDRESS **4 E. BISHOP'S RD.**
 CITY-ST-ZIP **BALTIMORE MD**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD DOWNS, JOHN**
 STREET ADDRESS **3875 BARACHEL**
 CITY-ST-ZIP **YORK PA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

C. Rodriguez, CFO/Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-2000

Date

Daytime Phone #