**FILED** 

Date

Daytime Phone #

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jan 23, 2001 8:00 am Secretary of State **DOCUMENT # P30797** SAGE DINING SERVICES, INCORPORATED 01-23-2001 90066 002 \*\*\*150.00 Principal Place of Business Mailing Address 4 EAST BISHOP'S ROAD P. O. BOX 39147 BALTIMORE MD 21218 BALTIMORE MD 21212 00006500 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 52-1689755 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-TRIPP, LEE Street Address (P.O. Box Number is Not Acceptable) 22545 SW 66TH AVE **APT 201 BOCA RATON FL 33428** City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition RODRIGUEZ, FRANCISCO NAME NAME STREET ADDRESS 4 E. BISHOP'S RD. STREET ADORESS CITY-ST-ZIP **BALTIMORE MD** CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE PENSALFINI, KENNETH G. NAME NAME STREET ADDRESS 900 SAGE RD. EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST CHESTER PA ☐ Change Addition TITLE ☐ Delete RODRIGUEZ, CHRISTINA J. NAME 4 E. BISHOP'S RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BALTIMORE MD** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME DOWNS, JOHN NAME STREET ADDRESS 3875 BARACHEL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP YORK PA TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET-ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.