

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90043 031 ***150.00

DOCUMENT # P01000040642

1. Entity Name
HOOTERS OF SOUTH TAMPA, INC.

Principal Place of Business
26133 US HWY. 19 N., STE. 100
CLEARWATER FL 33763-2019

Mailing Address
26133 US HWY. 19 N., STE. 100
CLEARWATER FL 33763-2019

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3720262

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KIEFER, NEIL G
26133 US HWY. 19 N., STE. 100
CLEARWATER FL 33763-2019

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, 2002 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 **D** ☐ Delete
NAME **GIANNANTONIO, GILBERT DI**
STREET ADDRESS **3717 WOODRIDGE PL.**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **RANIERI, WILLIAM**
STREET ADDRESS **4794 PEBBLEBROOK DR.**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **D** ☒ Change ☐ Addition
NAME **Ranieri, William**
STREET ADDRESS **949 Skye Lane**
CITY-ST-ZIP **Palm Harbor, FL 34680**

TITLE **D** ☐ Delete
NAME **DORSTE, EDWARD C**
STREET ADDRESS **20 MIDWAY ISLAND**
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **D** ☒ Change ☐ Addition
NAME **Droste, Edward C.**
STREET ADDRESS **20 Midway Island**
CITY-ST-ZIP **Clearwater, FL 33767**

TITLE **D** ☐ Delete
NAME **JOHNSON, DENNIS**
STREET ADDRESS **277 ABERDEEN ST.**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KIEFER, NEIL G**
STREET ADDRESS **10451 LONGWOOD DR.**
CITY-ST-ZIP **SEMINOLE FL 33777**

TITLE **D** ☒ Change ☐ Addition
NAME **Kiefer, Neil G.**
STREET ADDRESS **7296 Bryce Point**
CITY-ST-ZIP **Pinellas Park, FL 33782**

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:

William Ranieri, Sec/Treas

3/6/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)