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## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jan 24, 2001 8:00 am **DOCUMENT # 635354 Secretary of State** 1. Entity Name ROADHOUSE, INC. 01-24-2001 90035 041 \*\*\*150.00 Principal Place of Business Mailing Address 4131 NW 16TH BLVD 4131 NW 16TH BLVD GAINESVILLE FL 32605 GAINESVILLE FL 32605 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1947654 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 BRANNAN, CHRISTINA J Street Address (P.O. Box Number is Not Acceptable) 4131 NW 16TH BLVD **GAINESVILLE FL 32601** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition ☐ Delete TITLE ☐ Change TITLE BRANNAN, GREGG L NAME NAME STREET ADDRESS STREET ADDRESS 4131 NW 16TH BLVD CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL ☐ Change TITLE TITLE Addition ☐ Delete NAME BRANNAN, CHRISTINA J NAME STREET ADDRESS STREET ADDRESS 4131 NW 16TH BLVD CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME BRANNAN, CHRISTINA J NAME STREET ADDRESS 4131 NW 16TH BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 一种情致的人种的人 "\$ 1000 x CITY-ST-ZIP CITY-ST-ZIP TITLE I Addition TITLE ☐ Change 禁闭法 网络铁 法联系 NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 any address, with a prother like empowered.