

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 839164**

1. Entity Name  
**ROBROY RESTAURANTS, INC.**



Principal Place of Business

**1663 MOUND STREET  
SARASOTA, FL 34236**

Mailing Address

**1663 MOUND STREET  
SARASOTA, FL 34236**



01052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**36-2589857**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FURMAN, ROBERT G  
1663 MOUND ST  
SARASOTA, FL 34236**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U00000136790  
04/28/04-80100-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	FURMAN, ROBERT G
STREET ADDRESS	1663 MOUND STREET
CITY - ST - ZIP	SARASOTA, FL
TITLE	SD
NAME	TISHLER, LOUIS B. JR.
STREET ADDRESS	200 S. WACKER, STE 2600
CITY - ST - ZIP	CHICAGO, IL
TITLE	VD
NAME	BARTIK, GEORGE
STREET ADDRESS	1 RIVERSIDE RD., #2A
CITY - ST - ZIP	RIVERSIDE, IL
TITLE	VD
NAME	FURMAN, BETTY
STREET ADDRESS	4214 HIGEL AVENUE
CITY - ST - ZIP	SARASOTA, FL
TITLE	D
NAME	COX, KIMBERLY
STREET ADDRESS	1663 MOUND ST
CITY - ST - ZIP	SARASOTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04

Date

941-365-7891

Daytime Phone #