

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am  
Secretary of State

01-26-2000 90100 034 \*\*\*150.00

DOCUMENT # F95000003551

1. Entity Name

THE AUTHENTIC MAINE LOBSTER BAKE CO.

Principal Place of Business

11270 PALM BEACH BLVD  
FT MYERS FL 33905  
US

Mailing Address

16050 BAY POINTE BLVD  
C-203  
NO FT MYERS FL 33917-3833  
US

2. Principal Place of Business

10440 BAYSIDE RD.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

N. Fort Myers, FL

City & State

4. FEI Number

01-0343906

Applied For  
Not Applicable

Zip

33917

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROWNRIGG, JAMES P.  
16050 BAY POINTE BLVD  
STE #C-203  
NO FT MYERS FL 33917

7. Name and Address of New Registered Agent

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, 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

TITLE PC ☐ Delete  
NAME BROWNRIGG, DIANE M  
STREET ADDRESS 16050 BAY POINTE BLVD, #C203  
CITY-ST-ZIP NO FT MYERS FL

TITLE STVC ☐ Delete  
NAME BROWNRIGG, JAMES P.  
STREET ADDRESS 16050 BAY POINT BLVD, #C-203  
CITY-ST-ZIP NO FT MYERS FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Add

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

TITLE ☐ Change ☐ Add  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/00

941-731-8030