

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002359

1. Entity Name

PHAEDRA RESTAURANT CORPORATION

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90013 034 \*\*\*150.00

Principal Place of Business

Mailing Address

~~4048 EVANS AVE., STE. 206~~  
FORT MYERS FL 33901

~~4048 EVANS AVE., STE. 206~~  
FORT MYERS FL 33901-9953

2. Principal Place of Business

7370 College Pkwy

3. Mailing Address

7370 College Pkwy

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Ft Myers FL

City & State

Ft Myers, FL

Zip

33907

Country

US

Zip

33907

Country

US

4. FEI Number

61-1028892

Applied For

Not Applicable

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

AURITI, DANIEL

~~4048 EVANS AVE., STE. 206~~  
FORT MYERS FL 33901

address  
change  
only }

Name

Street Address (P.O. Box Number is Not Acceptable)

7370 College Pkwy

Suite 300

City

Ft Myers,

FL

Zip Code

33907

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CP	<input type="checkbox"/> Delete
NAME	AURITI, DANIEL	
STREET ADDRESS	<del>4048 EVANS AVE., STE. 206</del>	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	V	<input type="checkbox"/> Delete
NAME	KERNS, LARRY	
STREET ADDRESS	<del>4048 EVANS AVE., STE. 206</del>	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	ST.	<input type="checkbox"/> Delete
NAME	QUINLAN, SCOTT	
STREET ADDRESS	<del>4048 EVANS AVE., STE. 206</del>	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7370 College Pkwy, Ste #300	
CITY-ST-ZIP	Ft Myers, FL 33907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7370 College Pkwy, Ste #300	
CITY-ST-ZIP	Ft Myers, FL 33907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7370 College Pkwy, Ste #300	
CITY-ST-ZIP	Ft Myers, FL 33907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

CP2E034 (9/99)