## **2000 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # F9800005402 May 19, 2000 8:00 am Secretary of State RAFFERTY'S RESTAURANT AND BAR INC. 05-19-2000 90746 001 \*\*\*150.00 05-19-2000 90746 002 \*\*\*\*\*8.75 Principal Place of Business Mailing Address 1750 SCOTTSVILLE ROAD, SUITE 2 1750 SCOTTSVILLE ROAD, SUITE 2 **BOWLING GREEN KY 42104** BOWLING GREEN KY 42104-3375 luvut 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 61-0985188 Not Applicable Zip Country Zip Country \$8.75 Additional $\mathbf{K}$ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name ----C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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. COVING CONTRACTOR 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 (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PCD ☐ Delete Director TITLE TITLE Joe Wathen DAVIS, DAN J NAME NAME 1750 SCOTTSVILLE ROAD, SUITE 2 STREET ADDRESS 1750 Scottsville Rd, Suite 2 Bowling Green, KY 42104 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOWLING GREEN KY 42104** Change ☐ Delete Director TIT1 F TITLE Tony Fernandez 1750 Scottsville Road, Suite 2 Bowling Green, KY 42104 TAULBEE. DOUGLAS A NAME NAME STREET ADDRESS 1750 SCOTTSVILLE ROAD, SUITE 2 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOWLING GREEN KY 42104** ☐ · Delete TITLE ☐ Change Addition TITLE CO. Dec -MARTIN, CECIL NAME NAME STREET ADDRESS 1750 SCOTTSVILLE ROAD, SUITE 2 STREET ADDRESS CITY-ST-ZIP **BOWLING GREEN KY 42104** CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME GANIER, JAMES NAME STREET ADDRESS STREET ADDRESS 1750 SCOTTSVILLE ROAD, SUITE 2 CITY-ST-ZIP CITY-ST-7IP **BOWLING GREEN KY 42104** ☐ Change ☐ Addition X Delete TITLE TITLE ALDRIDGE, LEN NAME NAME STREET ADDRESS 1750 SCOTTSVILLE ROAD, SUITE 2 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOWLING GREEN KY 42104** D Change ☐ Addition ☐ Delete TITLE TITLE MCADAMS, TOM NAME NAME STREET ADDRESS 1750 SCOTTSVILLE ROAD, SUITE 2 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOWLING GREEN KY 42104** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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.