

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # F98000005402**1. Entity Name
RAFFERTY'S RESTAURANT AND BAR INC.

Principal Place of Business 1750 SCOTTSVILLE ROAD, SUITE 2 BOWLING GREEN KY 42104	Mailing Address 1750 SCOTTSVILLE ROAD, SUITE 2 BOWLING GREEN KY 42104
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
61-0985188
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**C T CORPORATION SYSTEM**
1200 SOUTH PINE ISLAND ROAD**PLANTATION FL 33324 US****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 _____ **04/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	MCADAMS TOM	
STREET ADDRESS	1750 SCOTTSVILLE ROAD, SUITE 2	
CITY-ST-ZIP	BOWLING GREEN KY 42104	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERNANDEZ TONY	
STREET ADDRESS	1750 SCOTTSVILLE ROAD, SUITE 2	
CITY-ST-ZIP	BOWLING GREEN KY 42104	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATHEN JOE	
STREET ADDRESS	1750 SCOTTSVILLE ROAD, SUITE 2	
CITY-ST-ZIP	BOWLING GREEN KY 42104	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN CECIL	
STREET ADDRESS	1750 SCOTTSVILLE ROAD, SUITE 2	
CITY-ST-ZIP	BOWLING GREEN KY 42104	
TITLE	TS	<input type="checkbox"/> Delete
NAME	TAULBEE DOUGLAS A	
STREET ADDRESS	1750 SCOTTSVILLE ROAD, SUITE 2	
CITY-ST-ZIP	BOWLING GREEN KY 42104	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	DAVIS DAN J	
STREET ADDRESS	1750 SCOTTSVILLE ROAD, SUITE 2	
CITY-ST-ZIP	BOWLING GREEN KY 42104	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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: DOUGLAS A TAULBEE**TS****04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)