

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90046 003 ***150.00

101040



DO NOT WRITE IN THIS SPACE

DOCUMENT # G64934

1. Entity Name
JILLIAN'S ENTERTAINMENT CORPORATION

Principal Place of Business

1387 S 4TH ST
LOUISVILLE KY 40208
US

Mailing Address

462 S FOURTH AVE
STE 2200
LOUISVILLE KY 40202
US

2. Principal Place of Business

4500 BOWLING BLVD.

3. Mailing Address

4500 BOWLING BLVD.

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

LOUISVILLE KY

City & State

LOUISVILLE, KY

Zip

40207

Country

US

Zip

40207

Country

US

4. FEI Number

59-2334472

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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, 2002 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	PSTD	<input type="checkbox"/> Delete
NAME	SMITH, DANIEL M	
STREET ADDRESS	1387 S FOURTH STREET	
CITY-ST-ZIP	LOUISVILLE KY 40208	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, DANIEL M	
STREET ADDRESS	1387 S 4TH ST	
CITY-ST-ZIP	LOUISVILLE KY 40208	
TITLE	AS	<input type="checkbox"/> Delete
NAME	STEVENS, GREGORY	
STREET ADDRESS	1387 S FOURTH STREET	
CITY-ST-ZIP	LOUISVILLE KY 40208	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DANIEL M.	
STREET ADDRESS	4500 BOWLING BLVD. SUITE 200	
CITY-ST-ZIP	LOUISVILLE, KY 40207	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DANIEL M	
STREET ADDRESS	4500 BOWLING BLVD. SUITE 200	
CITY-ST-ZIP	LOUISVILLE, KY 40207	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, GREGORY	
STREET ADDRESS	4500 BOWLING BLVD. SUITE 200	
CITY-ST-ZIP	LOUISVILLE, KY 40207	
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:

GREGORY S. STEVENS

4/25/02 (502) 638-9008

Date

Daytime Phone #

CR2E034 (9/01)