2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J14490

1. Entity Name

GLADES RESTAURANT ASSOCIATES, INC.

Principal Place of Business	Mailing Address
7777 GLADES ROAD, SUITE 310	7777 GLADES ROAD, SUITE 310
BOCA RATON FL 33434	BOCA RATON FL 33434

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	City & State	**4. FEI Number** 59-2679608	Applied For / Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ✗ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHMIER, ROBERT J.
7777 GLADES ROAD
STE 310
BOCA RATON FL 33434

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME SCHMIER, ROBERT J.		NAME	
STREET ADDRESS 7777 GLADES RD #310		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		CITY-ST-ZIP	
TITLE VSD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME FEURRING, DOUGLAS R.		NAME	
STREET ADDRESS 7777 GLADES RD #310		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		CITY-ST-ZIP	
TITLE TDV	☐ Delete	TITLE	☐ Change ☐ Addition
NAME WIENER, ELLIOTT M.		NAME	
STREET ADDRESS 7777 GLADES RD #410		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/01)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #