

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J34861

1. Entity Name

BAYSIDE RESTAURANT SERVICE INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90091 003 ***150.00

Principal Place of Business

Mailing Address

2050 PRINCETON ST
SARASOTA FL 34237-3424

2050 PRINCETON ST
SARASOTA FL 34237-3424

2. Principal Place of Business

3. Mailing Address

2127 PRINCETON ST Suite, Apt. #, etc.

2127 PRINCETON ST Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2727157

Applied For

Not Applicable

Zip

Country

Zip

Country

34237-3436

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

DEUNGER, JAMES M.
2050 PRINCETON ST
SARASOTA FL 34237

Name

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

2127 PRINCETON ST

City

FL

Zip Code

34237-3436

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 DP
NAME DEUNGER, JAMES M.
STREET ADDRESS 5246 MYAKKA VALLEY TRAIL
CITY-ST-ZIP SARASOTA FL 34241 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME DEUNGER, LAURA
STREET ADDRESS 5246 MYAKKA VALLEY TRAIL
CITY-ST-ZIP SARASOTA FL 34251 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE-
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)