2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 02, 2000 8:00 am Secretary of State **DOCUMENT # J83326** JIMMY BUFFETT'S MARGARITAVILLE RESTAURANT OF KEY 03-02-2000 90080 040 ***150.00 Principal Place of Business Mailing Address % CT CORPORATION SYSTEM % CT CORPORATION SYSTEM 1200 S PINE ISLAND RD 1200 S PINE ISLAND RD PLANTATION FL 33324 PLANTATION FL 33324-4413 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2825906 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition ☐ Change TITLE ☐ Delete TITI F **BUFFETT, JIMMY** NAME NAME STREET ADDRESS 424-A FLEMING STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL ☐ Change ☐ Addition ☐ Delete TITLE SMITH, DONNA NAME **424-A FLEMING STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY WEST FL CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE BOUCHER, KEVIN NAME NAME STREET ADDRESS **500 DUVAL STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL Addition Change TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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: Daytime Phone # SIGNATURE AND TYRED OP FRINTED NAME OF SIGNING OFFICER OR DIRECTOR