

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K80814

1. Entity Name  
BRITISH OPEN PUB, INC.

FILED  
May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90225 023 \*\*\*150.00

Principal Place of Business  
3621 KEY LINE CT.  
BONITA SPRINGS FL 34134

Mailing Address  
3621 KEY LINE CT.  
BONITA SPRINGS FL 34134

2. Principal Place of Business  
24570 BLACK RUSH CT. 24570 BLACK RUSH CT.

3. Mailing Address  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
BONITA SPRINGS, FL BONITA SPRINGS, FL

Zip Country Zip Country  
34134 U.S.A. 34134 USA

4. FEI Number 59-2949531

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NABBS, PATRICIA ANN  
4190 LAS PALMAS WAY  
SARASOTA FL 32438

7. Name and Address of New Registered Agent

Name NABBS, PATRICIA ANN  
Street Address (P.O. Box Number is Not Acceptable)  
24570 BLACK RUSH CT.

City BONITA SPRINGS FL Zip Code 34134

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 Patricia Ann Nabbs. PATRICIA ANN NABBS H-26-01  
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, 2001 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 VS  
NAME NABBS, PATRICIA ANN ☐ Delete  
STREET ADDRESS 8579 S. TAMiami TRAIL  
CITY-ST-ZIP SARASOTA FL 34238

TITLE PT  
NAME NABBS, BERNARD ☐ Delete  
STREET ADDRESS 8579 S. TAMiami TRAIL  
CITY-ST-ZIP SARASOTA FL 34238

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VS ☒ Change ☐ Addition  
NAME NABBS, PATRICIA ANN  
STREET ADDRESS 24570 BLACK RUSH CT  
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE PT ☒ Change ☐ Addition  
NAME NABBS, BERNARD  
STREET ADDRESS 24570 BLACK RUSH CT  
CITY-ST-ZIP BONITA SPRINGS FL 34134

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

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

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

TITLE ☐ Change ☐ 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: B. D. Nabbs BERNARD NABBS PRES. 4.30.01 941 947 8551  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

040381

CR2E034 (10/00)