

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002345

1. Entity Name

BONITA STEAK HOUSE, L.L.C.

FILED

01 MAR 23 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1473 PERIWINKLE WAY  
SANIBEL FL 33957

Mailing Address

1473 PERIWINKLE WAY  
SANIBEL FL 33957

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1676190

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PRITCHARD, WILLIAM L  
1473 PERIWINKLE WAY  
SANIBEL FL 33957

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MEMBER ☐ Delete  
NAME WILLIAM L. PRITCHARD  
STREET ADDRESS 4697 RUE BELLE MER  
CITY-ST-ZIP SANIBEL, FL 33957

TITLE MEMBER ☐ Delete  
NAME ROGER C. PRITCHARD  
STREET ADDRESS 1345 EAGLE RUN  
CITY-ST-ZIP SANIBEL, FL 33957

TITLE MEMBER ☐ Delete  
NAME PAUL F. GAETA  
STREET ADDRESS 989 DIXIE BEACH RD.  
CITY-ST-ZIP SANIBEL, FL 33957

TITLE MEMBER ☐ Delete  
NAME MARGARETA GAETA  
STREET ADDRESS 989 DIXIE BEACH RD  
CITY-ST-ZIP SANIBEL, FL 33957

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition  
NAME 000003930980-02  
STREET ADDRESS -03/30/01--01036--003  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Wm. L. Pritchard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

1/20/01

Daytime Phone #

941-472-0131

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CR2E083 (11/00)