

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002422

1. Entity Name

REGGIE'S WILD WEST SALOON, L.L.C.

Principal Place of Business

~~2198 MAIN STREET~~
~~SARASOTA FL 34237~~

Mailing Address

~~2198 MAIN STREET~~
~~SARASOTA FL 34237~~

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1861 Placida Rd.
Suite, Apt. #, etc.
Suite 204

City & State

City & State
Englewood, FL

Zip

Country

Zip

Country

34223

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~JAENSCH, CHRISTOPHER~~
~~2198 MAIN STREET~~
~~SARASOTA FL 34237~~

7. Name and Address of New Registered Agent

Name

Thomas P. McLennon

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

1861 Placida Rd., Ste 204

City

Englewood

FL

Zip Code

34223

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 **Managing Member** ☐ Delete
NAME **Reginald Daigle**
STREET ADDRESS **373 Sunnyside Beach P6A 5K6**
CITY-ST-ZIP **Sault Ste.Marie, Ontario,CANADA**

TITLE **Managing Member** ☐ Delete
NAME **Carol Wierzbicki**
STREET ADDRESS **373 Sunnyside Beach P6A 5K6**
CITY-ST-ZIP **Sault Ste.Marie, Ontario, CANADA**

TITLE **Managing Member** ☐ Delete
NAME **Peter Roess**
STREET ADDRESS **1066 Falgarwood Drive, Unit 165**
CITY-ST-ZIP **Oakville, Ontario, CANADA L6H 2P3**

TITLE **Managing Member** ☐ Delete
NAME **Monika Roess**
STREET ADDRESS **1066 Falgarwood Drive, Unit 165**
CITY-ST-ZIP **Oakville, Ontario, CANADA L6H 2P3**

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
STREET ADDRESS
CITY-ST-ZIP

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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:

Reginald Daigle

26 April '01

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

Date

Daytime Phone #

CR2E083 (11/00)

0022255 AF

FILED

01 JUN -6 AM 7:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE