

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007122

1. Entity Name  
BIG DOG PIZZA, L.C.

Principal Place of Business  
2659 ULMERTON ROAD  
CLEARWATER FL 33762

Mailing Address  
2659 ULMERTON ROAD  
CLEARWATER FL 33762

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

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, DAVID A  
5025 WEST LEMON STREET  
TAMPA FL 33609

Name  
PHIL RANDS

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

2659 Ulmerton Rd

City  
Clearwater

FL

Zip Code  
33762

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-24-01

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MANAGER  
PHIL RANDS  
2659 Ulmerton Rd  
Clearwater, FL 33762

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MEMBER  
TEAM ST. PETE, Inc.  
2659 Ulmerton Rd  
Clearwater, FL 33762

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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-10/02/01--01008--023  
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☐ Change ☐ Addition

TITLE  
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CITY - ST - ZIP

☐ Change ☐ Addition

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:

*[Signature]* PHIL RANDS, MANAGER 9-24-01 727-571-1281

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

Date

Daytime Phone #

000856

CR2E083 (5/01)

STAPLE CHECK HERE