

2002 UNIFORM BUSINESS REPORT (UBR)

05-20-2002 90257 025 *****50.00
L00000007149

DOCUMENT # L00000007149

1. Entity Name

DURANGO STEAKHOUSE OF NEW TAMPA, LLC

FILED

02 NOV -5 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2325 ULMERTON ROAD
CLEARWATER FL 33762

Mailing Address

2325 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

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

~~O'BRIEN, VINCENT A~~
~~8963 REGENTS PARK DRIVE, SUITE 110~~
~~TAMPA FL 33647~~

Name GREGORY D. MORRIS
Street Address (P.O. Box Number is Not Acceptable)
2325 ULMERTON RD
STE 20
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)

4/29/02
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	V MORRIS, GREG 2325 ULMERTON RD., STE 20 CLEARWATER FL 33762	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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] SIGNATURE REQUIRED

4/29/02 727-576-6424
Date Daytime Phone #

CR2E083 (9/01)