

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0022617 AF

DOCUMENT # L00000007752

1. Entity Name

THE RUSTY PARROT RESTAURANT, L.L.C.

01 MAY -2 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1029 DELACROIX CIRCLE
NOKOMIS FL 34275

Mailing Address

1029 DELACROIX CIRCLE
NOKOMIS FL 34275

2. Principal Place of Business

8383 S. TAMiami TRAIL

3. Mailing Address

PO BOX 1460

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

NOKOMIS, FL

4. FEI Number

65-1022046

Applied For

Not Applicable

Zip

34238

Country

SARASOTA

Zip

34274-1460

Country

SARASOTA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAUDENSLAGER, JOHN P
1029 DELACROIX CIRCLE
NOKOMIS FL 34275

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

000004302890--1
-05/23/01--01104--021
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAUDENSLAGER, DOUGLAS 1029 DELACROIX CIRCLE NOKOMIS FL 34275	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-30-01 (941) 308-1000

CR2E083 (11/00)