

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009189

1. Entity Name  
FULL PLATE HOSPITALITY I, L.L.C.

Principal Place of Business

808 W. HOWARD AVENUE  
TAMPA FL 33609

Mailing Address

808 W. HOWARD AVENUE  
TAMPA FL 33609

2. Principal Place of Business

808 S. Howard Avenue

Suite, Apt. #, etc.

3. Mailing Address

808 S. Howard Avenue

Suite, Apt. #, etc.

City & State  
Tampa, FL

City & State  
Tampa, FL

Zip  
33606

Country  
USA

Zip  
33606

Country  
USA

6. Name and Address of Current Registered Agent

ALDEN, MICHAEL H ESQ.  
300 FIRST AVE., NORTH  
ST. PETERSBURG FL 33701

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PALUZZI, PAUL  
808 W. HOWARD AVENUE  
TAMPA FL 33609 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Paul A. Paluzzi  
9415 Blind Pass Road, Suite 204  
St. Pete Beach, FL 33706 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Thomas McHale  
16001 Langhorne Court  
Tampa, FL 33647 ☐ Change ☒ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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:

*Thomas McHale*

Thomas McHale

2/13/01

(813) 254-7208

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

Date

Daytime Phone #

FILED

01 FEB 19 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

☒ Applied For  
☐ Not Applicable

4. FEI Number  
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

0031723 SP

CR2E083 (11/00)