

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90004 011 \*\*\*\*50.00

**DOCUMENT # L00000012911**

1. Entity Name  
**GRATZZI'S RISTORANTE, L.C.**



Principal Place of Business  
**2325 ULMERTON RD., STE. 20  
CLEARWATER FL 33762**

Mailing Address  
**2325 ULMERTON RD., STE. 20  
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 **59-3678526**

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

**FORLIZZO, ROBERT A-ESQ.  
2903 RIGSBY LANE  
SAFETY HARBOR FL 34695**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **GREGORY D. MORRIS**

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

(NOTE: Registered Agent signature required when reinstating)

**2/25/03**  
DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **BULLARDO, FRED B JR.**  
STREET ADDRESS **2325 ULMERTON RD., STE. 20**  
CITY-ST-ZIP **CLEARWATER FL 33762**

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

TITLE **MGR** ☐ Delete  
NAME **MORRIS, GREGORY D**  
STREET ADDRESS **2325 ULMERTON RD., STE. 20**  
CITY-ST-ZIP **CLEARWATER FL 33762**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:** *[Signature]* **SIGNATURE REQUIRED**

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

**2/25/03** **727.576.6424**  
Date Daytime Phone #

CR2E083 (10/02)