

2001 UNIFORM BUSINESS REPORT (UBR)

0027128 AF

DOCUMENT # L00000013865

1. Entity Name
TAMPA PALM RESTAURANT, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 12 AM 11:03

Principal Place of Business
C/O PALM MANAGEMENT CORPORATION
1730 RHODE ISLAND AVE. NW. STE. 900
WASHINGTON DC 20036-3101

Mailing Address
C/O PALM MANAGEMENT CORPORATION
1730 RHODE ISLAND AVE. NW. STE. 900
WASHINGTON DC 20036-3101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GANZI, WALTER J JR.
3246 BANK MILL RD.
AIKEN SC 29803 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BOZZI, BRUCE E
15-11 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003851564-15
-03/13/01--01125--011
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ 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:

James H. Longo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-6-01

2027757257

Date

Daytime Phone #

CR2E083 (11/00)