

2002 UNIFORM BUSINESS REPORT (UBR)

0036204

DOCUMENT # L00000016315

1. Entity Name

BONEFISH GRILL OF SARASOTA, LLC

Principal Place of Business

5901 FOURTH STREET NORTH
ST. PETERSBURG FL 33703-1417

Mailing Address

5901 FOURTH STREET NORTH
ST. PETERSBURG FL 33703-1417

2. Principal Place of Business

2202 North West Shore Blvd. 2202 North West Shore Blvd.

Suite, Apt. #, etc.

5th Floor

City & State

Tampa, FL

Zip

Country

33607

3. Mailing Address

Suite, Apt. #, etc.

5th Floor

City & State

Tampa, FL

Zip

Country

33607



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FOWLER, WHITE, GILLEN, BOGGS, VILLAREAL &
BANKER, P.A., ATTN: SCOTT P. ANDREW
501 E. KENNEDY BLVD., SUITE 1700
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

Joseph J. Kadow

Street Address (P.O. Box Number is Not Acceptable)

2202 N. WESTSHORE BLVD., 5TH FL

City

TAMPA, FLORIDA 33607

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
Due By May 1, 2002

500005537995--7
-05/15/02--01064--005
*****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
mck Chris T. Sullivan
STREET ADDRESS 2202 North West Shore Blvd., 5th Floor
CITY-ST-ZIP Tampa, FL 33607

TITLE NAME ☐ Delete
mgr Robert Basham
STREET ADDRESS 2202 North West Shore Blvd., 5th Floor
CITY-ST-ZIP Tampa, FL 33607

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES ☐ Change ☐ Addition

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

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

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TITLE NAME ☐ Change ☐ Addition
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 REQUIRED

4-30-02

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

Date

Daytime Phone #

CR2E083 (9/01)