

# 2002 UNIFORM BUSINESS REPORT (UBR)

0003985

DOCUMENT # L01000007264

1. Entity Name

ALUMNI BAR & GRILL GROUP, LLC

FILED

02 MAY -2 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1803 PARK CENTER DRIVE  
SUITE 220  
ORLANDO FL 32835

Mailing Address

1803 PARK CENTER DRIVE  
SUITE 220  
ORLANDO FL 32835

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

59-3720735

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RUSH, RANDOLPH J  
1803 PARK CENTER DRIVE  
SUITE 220  
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name

Randolph J. Rush

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

250 Park Avenue South, 5th Floor

City

Winter Park

FL

Zip Code

32789

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

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete  
NAME Manager  
STREET ADDRESS David J. Townsend  
CITY-ST-ZIP 1803 Park Center Dr. #220  
Orlando FL 32835

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition  
NAME Manager  
STREET ADDRESS David J. Townsend  
CITY-ST-ZIP 1803 Park Center Drive, Suite 220  
Orlando, FL 32835

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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:

David J. Townsend, Manager  
4/29/02

Date

Daytime Phone #

407-294-6400

CR2E083 (9/01)