

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91211 004 \*\*\*\*50.00

**DOCUMENT # L01000012032**

1. Entity Name

**ROAD HOUSE HAWGS, LLC**

Principal Place of Business

**2403 TRADE CENTER WAY, UNIT 2  
 NAPLES FL 34109**

Mailing Address

**2403 TRADE CENTER WAY, UNIT 2  
 NAPLES FL 34109**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3734684**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**MURRAY, PAUL A  
 5117 CASTELLO DRIVE  
 SUITE 20  
 NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name

**DEBRA WALKER**

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

**2403 TRADE CENTER WAY #2**

City

**NAPLES**

**FL**

Zip Code

**34109**

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

*Debra Walker* - **DEBRA WALKER - PARTNER**

**3.14.02**

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>PARTNER DEBRA WALKER 2403 TRADE CENTER WAY #2 NAPLES, FL 34109</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>PARTNER STEVEN BERG 2403 TRADE CENTER WAY #2 NAPLES, FL 34109</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>PARTNER RON KEGAN 2403 TRADE CENTER WAY #2 NAPLES, FL 34109</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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: *Debra Walker* - **DEBRA WALKER**

**3.14.02**

**941.216.2107**

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

Date

Daytime Phone #

CR2E083 (9/01)