

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 30, 2002 8:00 am
Secretary of State

05-22-2002 90232 022 ****50.00
 09-30-2002 90172 026 ****50.00

DOCUMENT # L01000021604

1. Entity Name

TAMPA RESTAURANT PARTNERS, LLC

Principal Place of Business

Mailing Address

~~8000 CENTER VIEW PKWY. STE. 101~~
~~CORDOVA TN 38018~~

~~8000 CENTER VIEW PKWY. STE. 101~~
~~CORDOVA TN 38018~~

4050 W. Kennedy
Tampa, FL 33609

6410 Poplar Ave #750
Memphis, TN 38119

981175



DO NOT WRITE IN THIS SPACE

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

04-3420225

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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 September 25, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **Member**
 NAME **Leonard V. Moore**
 STREET ADDRESS **2417 Palm Harbor**
 CITY-ST-ZIP **Est. Walton Bch, FL 32547**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **member**
 NAME **Albert LaRocca**
 STREET ADDRESS **1158 River Falls Cove**
 CITY-ST-ZIP **Memphis TN 38120**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **member**
 NAME **Joseph Robert**
 STREET ADDRESS **4515 Alder Gate**
 CITY-ST-ZIP **Memphis TN 38117**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Member**
 NAME **Dwight Hill**
 STREET ADDRESS **12901 S.W. 69th Avenue**
 CITY-ST-ZIP **Pinecrest FL 33156**

TITLE
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 CITY-ST-ZIP

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 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 of the recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

8/26/02 901-753-4002

CR2E083 (4/02)