

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L62698**

1. Entity Name

ST. JOHNS SEAFOOD & OYSTER BAR #4, INC.

Principal Place of Business

**1403-21 DUNN AVE
JACKSONVILLE FL 32218
US**

Mailing Address

**PO BOX 2240
JACKSONVILLE FL 32203**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

6015 Chester Circle

Suite, Apt. #, etc.

#105

City & State

Jacksonville, Florida

Zip

32217

Country

Duval

6. Name and Address of Current Registered Agent

**AKEL, DANIEL D.
ONE INDEPENDENT DR.
2301 INDEPENDENT SQUARE
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **RUKAB, ROBERT**
STREET ADDRESS **2443 SARAGOSSA AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **VP** ☐ Delete
NAME **RUKAB, LORI**
STREET ADDRESS **9434 GENNA TRACE**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **S** ☐ Delete
NAME **FARAH, MUNA**
STREET ADDRESS **3040 KEGLER DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **T** ☐ Delete
NAME **FARAH, GREG**
STREET ADDRESS **3040 KEGLER DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Rukab, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/05/01 (904) 737-9498
Date Daytime Phone #

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90004 029 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)