

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90013 039 \*\*\*150.00

DOCUMENT # L87232

1. Entity Name  
Hooters of Kendall

Principal Place of Business  
8505 Mills Dr.  
Miami, FL 33183  
US

Mailing Address  
4411 Cleveland Ave  
Ft. Myers, FL 33901  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0213206

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Gargano, Anthony

2075 W First Street Ste 203  
Ft. Myers, FL 33901

Name

Simeone, Richard J.

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

436 S Andrews Ave

City Ft. Lauderdale

FL

Zip Code 33301

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)

4/18/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CEO	Lageschulte, David L	4411 Cleveland Ave	Ft Myers, FL	<input type="checkbox"/>
STD	Lynch, Paul W	4411 Cleveland Ave	Ft. Myers FL	<input type="checkbox"/>
DP	Browner, Terry K	4411 Cleveland Ave	Ft. Myers, FL	<input type="checkbox"/>
D	Klingensmith, Kit A	4411 Cleveland Ave	Ft. Myers, FL	<input type="checkbox"/>
D	Regnier, Dale R	4411 Cleveland Ave	Port Myers, FL	<input type="checkbox"/>

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

DATE

941-275-6339

Daytime Phone #

CR2E034 (9/99)