

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L95000000677

**1. Entity Name**  
KGC RESTAURANT, L.C.

<b>Principal Place of Business</b> 2783 NORTH ORANGE BLOSSOM TRAIL KISSIMMEE FL 34744	<b>Mailing Address</b> PO BOX 352106 MIAMI FL 33135
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**FILED**

01 SEP 17 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 65-0614876	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> COLE, EDWIN H 4130-F AURORA ST CORAL GABLES FL 33146	<b>7. Name and Address of New Registered Agent</b> Name: <u>JOHN C. GEVERS</u> Street Address (P.O. Box Number is Not Acceptable): <u>2783 N. ORANGE BLOSSOM TRAIL</u> City: <u>Kissimmee</u> FL Zip Code: <u>34744</u>
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**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 John C. Gevers Member DATE 8/24/01

**FILE NOW!!! FEE IS \$50.00** **500004611685--6**  
Make Check Payable to Department of State  
-09/26/01--01018--021  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM COLE, EDWIN H 4130-F AURORA ST CORAL GABLES FL 33146 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM GEVERS, JOHN C 2783 NORTH ORANGE BLOSSOM TRAIL KISSIMMEE FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM LUISA O. CUREL 2790 NW 4 ST MIAMI, FL 33125 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:** John C. Gevers 8/24/01 407-847-1889

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CR2E083 (11/00)