

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -1 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L96000000969

1. Entity Name
AMERICAN HOSPITALITY AND RESTAURANT ASSOCIATES,

Principal Place of Business

1834 MAIN STREET
SARASOTA FL 34236

Mailing Address

1834 MAIN STREET
SARASOTA FL 34236-5912

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

65-0697268

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

CHANDLER, JAMES R III
1834 MAIN STREET
SARASOTA FL 34236

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM
STREET ADDRESS CHANDLER, JAMES R III
CITY-ST-ZIP 3851 TANGIER TERRACE
SARASOTA FL

TITLE NAME MGRM
STREET ADDRESS CHANDLER, JAMES R III
CITY-ST-ZIP 3851 TANGIER TERRACE
SARASOTA FL 34229 ☒ Change ☐ Addition

TITLE NAME MEM
STREET ADDRESS FORLENZA, MARC
CITY-ST-ZIP 4208 WINDEMERE PLACE
SARASOTA FL 34231

TITLE NAME MEM
STREET ADDRESS FORLENZA, MARC
CITY-ST-ZIP 128 MAIN ST
OSPREY FL 34229 ☒ Change ☐ Addition

TITLE NAME MEM
STREET ADDRESS BONFRERE, NICK
CITY-ST-ZIP 7535 CALLE FACIL
SARASOTA FL 34231

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP 300003256213-1
-05/17/00-01083-023
*****50.00 *****50.00

TITLE NAME MEM
STREET ADDRESS GONZALEZ, RAFAEL A
CITY-ST-ZIP 3185 NOVUS COURT
SARASOTA FL 34237

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE OF JAMES R III CHANDLER

4/27/00

941 9511503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)