

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 18 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000000973

1. Entity Name

DIAMONDHEAD RESTAURANT & LOUNGE, L.C.

Principal Place of Business

2000 ESTERO BOULEVARD
FORT MYERS BEACH FL 33931

Mailing Address

2000 ESTERO BOULEVARD
FORT MYERS BEACH FL 33931-3215

2. Principal Place of Business

3. Mailing Address

Sunstream, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6620 Estero Blvd.

City & State

Fort Myers Beach, FL

Mnm

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3530951

Applied For

Not Applicable

Zip

Country

33931

US

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

VOGEL, JAMES D

3936 TAMIAMI TRAIL NORTH, SUITE B
NAPLES FL 34103

Name

Monsrud, Mary A

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

Sunstream, Inc.

6620 Estero Boulevard

City

Ft Myers Beach

FL

Zip Code

33931

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

Mary A. Monsrud

4/14/00

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 ☐ Delete
MGRM
DIAMONDHEAD ISLAND BEACH RESORT, L.C.
STREET ADDRESS
2000 ESTERO BOULEVARD
CITY-ST-ZIP
FORT MYERS BEACH FL 33931

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
500003238595-2
-05/03/00--0148-018
*****50.00 *****50.00

TITLE NAME ☐ Delete
MGRM
WEST COAST RESTAURANTS, L.C.
STREET ADDRESS
3040 ESTERO BOULEVARD
CITY-ST-ZIP
FORT MYERS BEACH FL 33931

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition
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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

David A. Lawrence 3-8-2000 941 765-4111

Date

Daytime Phone #