

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000001479**

1. Entity Name  
**WEST COAST RESTAURANTS, L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 20 PM 12:33

*M/3/22/00*

Principal Place of Business  
**3040 ESTERO BOULEVARD  
FORT MYERS BEACH FL 33931**

Mailing Address  
**3040 ESTERO BOULEVARD  
FORT MYERS BEACH FL 33931-3610**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 6078**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**FL. Myers Beach**

Zip  
**33932.**

Country

4. FEI Number  
**65-0869158**

Applied For  
 Additional Fee Required

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**

**BUTLER, GAREY F  
1625 HENDRY STREET, SUITE 301  
FORT MYERS FL 33901**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**9. MANAGING MEMBERS / MEMBERS**

**10. ADDITIONS / CHANGES**

TITLE  Delete  
NAME **MGRM RUSO, ALFREDO**  
STREET ADDRESS **3040 ESTERO BOULEVARD**  
CITY-ST-ZIP **FORT MYERS FL 33931**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **MGRM SCIALDONE, ANTHONY**  
STREET ADDRESS **3040 ESTERO BOULEVARD**  
CITY-ST-ZIP **FORT MYERS FL 33931**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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CITY-ST-ZIP

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TITLE  Delete  
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CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
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: *Alfredo Russo* **SIGNATURE REQUIRED** 3-14-00  
SIGNATURE AND TYPED, OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

(941) 463-2600  
Daytime Phone #

CR2E083 (9/99)