

# 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*



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address

*P.O. Box 6078*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*FL. Myers Beach*

4. FEI Number

**65-0869158**

Applied For

Not Applicable

Zip

Country

Zip

Country

*33932*

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

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

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

TITLE ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **SCIALDONE, ANTHONY**  
CITY-ST-ZIP **3040 ESTERO BOULEVARD**  
**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  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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*

Date

Daytime Phone #

*(941) 463-2600*

CR2E083 (9/99)