

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000002355**

1. Entity Name

THE MOTOWN RESTAURANT & ENTERTAINMENT GROUP, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -9 AM 11:02

Principal Place of Business
895 NW SASSAFRASS COURT
JENSEN BEACH FL 34957

Mailing Address
895 NW SASSAFRASS COURT
JENSEN BEACH FL 34957

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

65-0928947 **APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DOWDY, JAMES H
895 NORTHWEST SASSAFRASS COURT
JENSEN BEACH FL 34957

☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
MGRM
WELLS, AARON
895 NORTHWEST SASSAFRASS COURT
JENSEN BEACH FL 34957

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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 REGISTERED AGENT
JAMES H DOWDY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

7/26/00
Date

561
692-0922
Daytime Phone #

CR2E083 (5/00)