## **2000 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # L98000002485 FILED 1. Entity Name, ROADHOUSE GRILL PROPERTY, LLC 00 JAN 24 PM 12: 02 SECRETARY OF STATE Principal Place of Business Mailing Address TACLAHASSEE, FLORIDA 2703-A GATEWAY DRIVE 2703-A GATEWAY DRIVE POMPANO BEACH FL 33069-4323 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Country \$5.00 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BERNHOLZ, MARTIN J Street Address (P.O. Box Number is Not Acceptable) 2703-A GATEWAY DRIVE POMPANO BEACH FL 33069 Zip Code City 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 ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS \_\_\_\_\_\_ Change ☐ Delete TITLE TITLE MGRM **400003119014**--9 -02/01/00--01107--002 ROADHOUSE GRILL, INC. NAME NAME STREET ADDRESS STREET ADDRESS 2703-A. GATEWAY DRIVE CITY-ST-ZIP CITY-ST-ZIP POMPANO FL 33069 <u>\*\*\*\*200.00 \*\*\*\*50.00</u> Change ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z(P CITY- 21-71P ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST-7IP CITY-ST-ZIP Delate TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY- \$1-7(P CITY- ST- 71P ☐ Delete TITLE TITLE NAME MAME STREET ADURESS 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 MARKE OF SIGNING MANAGING MEMBER OR MANAGER

1/6/00 (954) 957-2600

Daytime Phone #