

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000004152**

1. Entity Name
BAD DOG CAFE, L.L.C.

Principal Place of Business

PO BOX 860
PANAMA CITY FL 32401

Mailing Address

PO BOX 860
PANAMA CITY FL 32401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BRYANT, ROWLETT W
833 HARRISON AVENUE
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

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.

(NOT: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **BRYANT, ROWLETT W**
CITY-ST-ZIP **833 HARRISON AVENUE**
PANAMA CITY FL 32401

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
600004274466--8
-05/21/01--01155--007
*******50.00 *****50.00**

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

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **Rowlett W Bryant**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-10-2001 850.763-1787

FILED

01 MAY -1 PM 5:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

55#262.44-8319

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

CR2E083 (11/00)

0024918 AF

Internal Revenue Service
Customer Service Center-Atlanta
P. O. Box 47-421 Stop 751
Doraville, GA 30362

Date:

4-17-01

0716

933162

Tele-Tin Number: 770-455-2360

Fax Number: 678-530-6156

Bonett W. Bryant
P.O. Box 8600
PANAMA City, FL 32402

Dear Taxpayer:

We are returning your Form SS-4 for additional information. Please provide the requested information indicated by the item(s) circled below and send the completed form back to us for processing. You may fax the Form SS-4 to the above fax number for a quicker response.

1. Social Security Number on line 7 of Form SS-4.
 - A. Corporation - President, Vice President, other principal officer or member of LLC.
 - B. Partnership - General partner or member of LLC.
 - C. Trust - Grantor/Trustor (person who established the trust).
 - D. Estate - Decedent on line 8a.
 - E. Non-Resident/Canadian Citizen - Copy of social security card, passport, visa, birth certificate, or driver's license.
 - F. Other - Owner, Sole Proprietor or Non-Profit Organization.
 - G. Copy of social security card (the name does not match the SSN on our records).
2. Mailing Address / Location Address of Business.
3. Business Operational Date on line 10 of Form SS-4.
 - A. Corporation - Date business started or acquired.
 - B. Partnership - Date partnership agreement went into effect.
 - C. Trust - Date trust was created or funded.
 - D. Estate - Date of death of the decedent.
 - E. Other - Date business or organization started.
4. Fiscal Year Month on line 11 of Form SS-4.
5. Principal Activity of Business on line 14 of Form SS-4 (please specify the exact product and/or type of business being operated).
6. Telephone Number of Business on line 17c of Form SS-4.
7. Our records indicate the name of your corporation has already been used. We will need a copy of your Certificate or Articles from your state of incorporation.
8. A "Limited Liability Company" can file either as a Corporation, Partnership, Sole Proprietor, or Disregarded Entity. Please specify on line 8a of Form SS-4 the appropriate type of entity and how many members. If filing as a single member corporation submit Form 8832 to elect corporate status.

Form **SS-4**(Rev. February 1998)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► **Keep a copy for your records.**

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) <u>Bad Dog Cafe, L.L.C.</u>	
2 Trade name of business (if different from name on line 1) <u>Same</u>	3 Executor, trustee, "care of" name <u>Rowlett W. Bryant</u>
4a Mailing address (street address) (room, apt., or suite no.) <u>833 Harrison Avenue</u>	5a Business address (if different from address on lines 4a and 4b) <u>P. O. Box 860</u>
4b City, state, and ZIP code <u>Panama City, Florida 32401</u>	5b City, state, and ZIP code <u>Panama City, Florida 32402</u>
6 County and state where principal business is located <u>Bay County, Florida</u>	
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► <u>262-44-8319</u> <u>Rowlett W. Bryant</u>	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- | | |
|---|---|
| <input type="checkbox"/> Sole proprietor (SSN) _____ | <input type="checkbox"/> Estate (SSN of decedent) _____ |
| <input type="checkbox"/> Partnership _____ | <input type="checkbox"/> Plan administrator (SSN) _____ |
| <input type="checkbox"/> REMIC _____ | <input type="checkbox"/> Other corporation (specify) ► _____ |
| <input type="checkbox"/> State/local government _____ | <input type="checkbox"/> Trust _____ |
| <input type="checkbox"/> Farmers' cooperative _____ | <input type="checkbox"/> Federal government/military _____ |
| <input type="checkbox"/> Church or church-controlled organization _____ | <input type="checkbox"/> Other nonprofit organization (specify) ► _____ (enter GEN if applicable) |
| <input type="checkbox"/> Other (specify) ► _____ | |

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State <u>Florida</u>	Foreign country _____
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9 Reason for applying (Check only one box.) (see instructions)	
<input checked="" type="checkbox"/> Started new business (specify type) ► _____	<input type="checkbox"/> Banking purpose (specify purpose) ► _____
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ► _____
<input type="checkbox"/> Created a pension plan (specify type) ► _____	<input type="checkbox"/> Purchased going business _____
	<input type="checkbox"/> Created a trust (specify type) ► _____
	<input type="checkbox"/> Other (specify) ► _____

10 Date business started or acquired (month, day, year) (see instructions) <u>July 12, 1999</u>	11 Closing month of accounting year (see instructions) <u>December</u>
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) _____

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions) ► _____	Nonagricultural	Agricultural	Household
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14 Principal activity (see instructions) ► Restaurant operation15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ► _____16 To whom are most of the products or services sold? Please check one box.
☒ Public (retail) ☐ Other (specify) ► _____ ☐ Business (wholesale) ☐ N/A17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: If "Yes," please complete lines 17b and 17c.17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► _____ Trade name ► _____17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known:
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

N/A

N/A

N/A

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

BAD DOG CAFE, L.L.C.850-963-1787Name and title (Please type or print clearly.) ► Rowlett W. Bryant

Fax telephone number (include area code)

850-985-1533Signature ► Rowlett W. BryantDate ► 3-5-2001

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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BRYANT & HIGBY, CHARTERED
ATTORNEYS AT LAW

833 HARRISON AVENUE

POST OFFICE BOX 860

PANAMA CITY FLORIDA 32402-0860

TELEPHONE (850) 785-1787

TELECOPIER (850) 785-1533

ROWLETT W. BRYANT
CLIFFORD C. HIGBY
CECILIA REDDING BOYD

LYNN C. HIGBY
(1938-1992)

TELECOPIER TRANSMITTAL SHEET

DATE: 3-28-2001
TO: Internal Revenue Service
TELECOPIER NO. 678-530-6156

MESSAGE FROM: Rowlett W. Bryant/mlw

Re:

Message:

See Application for
FEIN attached.

Please FAX number
when issued to

No. of Pages of this Message: _____

850-785-1533

Thanks.
RWBryant

IF YOU DO NOT RECEIVE ALL OF THE PAGES INDICATED OR IF YOU FIND ANY
OF THE MESSAGE ILLEGIBLE, PLEASE CALL US IMMEDIATELY AT 850/763-1787

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