

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

CU11318 AF

DOCUMENT # L99000004588

1. Entity Name
TOUCAN GRILLE, L.L.C.

00 MAY 18 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
813 EAST VALLEY
BONITA SPRINGS FL 34134

Mailing Address
813 EAST VALLEY
BONITA SPRINGS FL 34134-7436



2. Principal Place of Business
4480 BONITA BEACH RD.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BONITA SPRINGS
Zip
34134

City & State
Zip
Country

4. FEI Number
59-3595235
Applied For
Not Applicable

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

KINTZ, KATE K
813 EAST VALLEY
BONITA SPRINGS FL 34134

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 MGRM
NAME KINTZ, KATE K
STREET ADDRESS 813 EAST VALLEY
CITY-ST-ZIP BONITA SPRINGS FL
☐ Delete

TITLE MGRM
NAME KINTZ, JAMES E
STREET ADDRESS 813 EAST VALLEY
CITY-ST-ZIP BONITA SPRINGS FL
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

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

200003283942-3
-06/12/00--01006--001
*****50.00 *****50.00

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

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

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

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

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 NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Daytime Phone #

4-27-00 941-495-0587

CR2E083 (9/99)