

# 2002 UNIFORM BUSINESS REPORT (UBR)

0036195

DOCUMENT # L99000006327

1. Entity Name

BONEFISH GRILL OF ST. PETERSBURG, LLC

FILED

02 MAY -1 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

5901 4TH ST., NORTH  
ST. PETERSBURG FL 33703

Mailing Address

5901 4TH ST., NORTH  
ST. PETERSBURG FL 33703

2. Principal Place of Business

2202 North West Shore Blvd. 2202 North West Shore Blvd.

Suite, Apt. #, etc.

5th Floor

3. Mailing Address

Suite, Apt. #, etc.

5th Floor

City & State

Tampa, FL

City & State

Tampa, FL

Zip

Country

Zip

Country

4. FEI Number

59-3605151

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

PARKER, WILLIAM L  
5811 APOLLO STREET  
ZEPHYRHILLS FL 33541

7. Name and Address of New Registered Agent

Name

Kelly M. Braun

Street Address (P.O. Box Number is Not Acceptable)

2202 N. WESTSHORE BLVD., 5TH FL

City TAMPA, FLORIDA 33607

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  
Due By May 1, 2002

100005537991--0  
-05/15/02--01064--004  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARKER, CHRISTOPHER L 184 97TH AVE., N.E. ST. PETERSBURG FL 33702	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CURCI, TIMOTHY V 2946 HADLEIGH CLEARWATER FL 34621	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR John W. Cooper 2202 North West Shore Blvd., 5th Floor Tampa, FL 33607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Robert D. Basham 2202 North West Shore Blvd., 5th Floor Tampa, FL 33607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Robert S. Merritt 2202 North West Shore Blvd., 5th Floor Tampa, FL 33607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

CR2E083 (9/01)