

# 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      Mailing Address

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

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

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**5th Floor**      **5th Floor**

City & State      City & State

**Tampa, FL**      **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

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      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**  
**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	<input type="checkbox"/> Delete
	<b>MGR</b> <b>PARKER, CHRISTOPHER L</b>	<b>184 97TH AVE., N.E.</b>	<b>ST. PETERSBURG FL 33702</b>	<input type="checkbox"/>
	<b>MGR</b> <b>CURCI, TIMOTHY V</b>	<b>2946 HADLEIGH</b>	<b>CLEARWATER FL 34621</b>	<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					<input type="checkbox"/>
	<b>MGR</b> <b>John W. Cooper</b>	<b>2202 North West Shore Blvd., 5th Floor</b>	<b>Tampa, FL 33607</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>MGR</b> <b>Robert D. Basham</b>	<b>202 North West Shore Blvd., 5th Floor</b>	<b>Tampa, FL 33607</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>MGR</b> <b>Robert S. Merritt</b>	<b>202 North West Shore Blvd., 5th Floor</b>	<b>Tampa, FL 33607</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
					<input type="checkbox"/>

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

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

Date      Daytime Phone #

CR2E083 (9/01)