

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90254 038 ****55.00

DOCUMENT # L99000006327

1. Entity Name

BONEFISH GRILL OF ST. PETERSBURG, LLC



Principal Place of Business

**2202 NORTH WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607**

Mailing Address

**2202 NORTH WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

7. Name and Address of New Registered Agent

BRAUN, KELLY M

**2202 NORTH WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607**

Name

Joseph J. Kadow

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

2202 N. Westshore Blvd

5th FL

City

Tampa

FL

Zip Code

33607

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Joseph J. Kadow

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **PARKER, CHRISTOPHER L**
STREET ADDRESS **184 97TH AVE., N.E.**
CITY-ST-ZIP **ST. PETERSBURG FL 33702**

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

TITLE **MGR** ☐ Delete
NAME **CURCI, TIMOTHY V**
STREET ADDRESS **2946 HADLEIGH**
CITY-ST-ZIP **CLEARWATER FL 34621**

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

TITLE **MGR** ☐ Delete
NAME **COOPER, JOHN W**
STREET ADDRESS **2202 NORTH WESTSHORE BLVD., 5TH FLOOR**
CITY-ST-ZIP **TAMPA FL 33607**

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

TITLE **MGR** ☐ Delete
NAME **BASHAM, ROBERT D**
STREET ADDRESS **2202 NORTH WESTSHORE BLVD., 5TH FLOOR**
CITY-ST-ZIP **TAMPA FL 33607**

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

TITLE **MGR** ☐ Delete
NAME **MERRITT, ROBERT S**
STREET ADDRESS **2202 NORTH WESTSHORE BLVD., 5TH FLOOR**
CITY-ST-ZIP **TAMPA FL 33607**

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

TITLE ☐ Delete
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:

SIGNATURE REQUIRED

Robert D. Basham

1/9/03 (813) 282-1225

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

Date Daytime Phone #

CR2E083 (10/02)