

2001 UNIFORM BUSINESS REPORT (UBR)

0017917 AF

DOCUMENT # L99000006996

1. Entity Name

EUROPEAN OUTDOOR CHEF L.L.C.

FILED

01 FEB 21 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

5207 QUARRYSTONE LANE
TAMPA FL 33624

5207 QUARRYSTONE LANE
TAMPA FL 33624

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

59-3605597

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

7. Name and Address of New Registered Agent

FLORIDA INCORPORATORS INC.
1221 BRICKELL AVE., STE 900
MIAMI FL 33131

Name
Resident Agent Corporation of Pinellas County
Street Address (P.O. Box Number is Not Acceptable)
980 Tyrone Blvd.
(First Union Bldg.)
City St. Petersburg FL Zip Code 33710

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

By: *Stephen J. Wein*
Signature, typed or printed name of registered agent and title if applicable

Stephen J. Wein, AVP of Resident Agent Corporation of Pinellas County
(NOTE: Registered Agent signature required when reinstating)

DATE

2-12-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME MGRM
STREET ADDRESS REARDON, LEE J
CITY-ST-ZIP 5207 QUARRYSTONE LANE
TAMPA FL 33624 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 100003782641--8
CITY-ST-ZIP -02/27/01--01080--008

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS *****55.00 *****55.00
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: *Lee J. Reardon*

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

FEB/03/01 813-962-2414

Date

Daytime Phone #

CR2E083 (11/00)