

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000007604**

1. Entity Name

PASS-A-GRILLE ENTERPRISES, L.L.C.

FILED

01 APR -9 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2107 GULF WAY
ST. PETE BEACH FL 33706-4140

Mailing Address

2107 GULF WAY
ST. PETE BEACH FL 33706-4140

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

59-3618522

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

~~WEBSTER, DAVID ALLEN P.A.
UNGER, WEBSTER, SWARTWOOD & ACREE
701 PEACHTREE ROAD
ORLANDO FL 32804~~

Name **WSP Services Inc.**

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

1936 Lee Road

Ste 101

City **Winterpark**

FL

Zip Code **32789**

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

4-3-01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
JONES-BURNS, MARLEETA K
701 PEACHTREE ROAD
ORLANDO FL 32804 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Jones Burns, Marleeta
1936 Lee Road Ste. 101
Winterpark, FL 32789 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BURNS, TIMOTHY F
701 PEACHTREE ROAD
ORLANDO FL 32804 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Burns, Timothy F.
1936 Lee Road Ste 101
Winterpark, FL 32789 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-3-01 (401) 691-0500

CR2E083 (11/00)