

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000008002**

1. Entity Name

**STIR CRAZY CAFE - BOCA RATON, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 29 PM 1:51

Principal Place of Business

440 N. WELLS STREET. SUITE 620  
CHICAGO IL 60610

Mailing Address

440 N. WELLS STREET. SUITE 620  
CHICAGO IL 60610



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

105-0969942

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name **CT Corporation System**

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

**1200 South Pine Island Rd**

City **Plantation**

FL

Zip Code **33324**

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.

**Jeffrey R. Graves**

**Assistant Secretary**

(NOTE: Registered Agent signature required when reinstating)

**9/15/2000**

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **President** ☐ Delete  
NAME **Gary Leff - MGR**  
STREET ADDRESS **440 N. wells ste 620**  
CITY-ST-ZIP **Chicago IL 60610**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **9000003415759--5**  
CITY-ST-ZIP **-10/05/00--01114--004**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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

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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

**9/2/00**

**312-645-1800**

CR2E083 (5/00)