

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000008002**

1. Entity Name

STIR CRAZY CAFE - BOCA RATON, LLC

Principal Place of Business

**440 N. WELLS STREET, SUITE 620
CHICAGO IL 60610**

Mailing Address

**440 N. WELLS STREET, SUITE 620
CHICAGO IL 60610**

2. Principal Place of Business

6000 GLADES ROAD

3. Mailing Address

Suite, Apt. #, etc.

1015

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

Zip

33431

Country

Zip

Country

4. FEI Number

65-0969942

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**000004341650--2
--06/05/01--01041--021
*****50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
LEFF, GARY
440 N. WELLS, SUITE 620
CHICAGO IL 60610**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 #

4/30/01 312-645-1800

APPROVAL
AND
FILED

01 MAY -7 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE