

# 2000 UNIFORM BUSINESS REPORT (UBR)

L99000008680

APPROVED  
AND  
FILED

00 JUN -5 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## DOCUMENT #

1. Entity Name

SPANISH RIVER, L.L.C.

Principal Place of Business

Mailing Address

2. Principal Place of Business

Spanish River Grill

3. Mailing Address

737 E 3rd Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NSB Fla.

City & State

4. FEI Number

59-3612342

Applied For

Not Applicable

Zip

32169

Country

US

Zip

Country

US

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

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

Henry A. Salgado III  
624 S. Pine St  
NSB Fla. 32169 mgrm

5-2-00

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE mgrm  
NAME Chef/owner  
STREET ADDRESS Henry A. Salgado III  
CITY-ST-ZIP 624 Pine St  
NSB Fla. 32169 mgrm

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE mgrm  
NAME Michele C. Jones-Salgado  
STREET ADDRESS 624 Pine St.  
CITY-ST-ZIP NSB Fla. 32169 mgrm

TITLE  
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STREET ADDRESS  
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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:

Henry A. Salgado III

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

5-2-00 904/424-6991

Date

Daytime Phone #

CR2E083 (11/99)