

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008680

1. Entity Name

SPANISH RIVER, L.L.C.

FILED

01 JUL -3 AM 10:04

Principal Place of Business

SPANISH RIVER GRILL  
737 E. 3RD AVE.  
NEW SMYRNA BEACH FL 32169

Mailing Address

SPANISH RIVER GRILL  
737 E. 3RD AVE.  
NEW SMYRNA BEACH FL 32169

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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 59-3612342

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

7. Name and Address of New Registered Agent

SALGADO, HENRY A III  
624 S. PINE STREET  
NEW SMYRNA BEACH FL 32169

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**  
**Due By September 26, 2001**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
~~MGRM SOLGADO, HENRY 624 PINE ST. NEW SMYRNA BEACH FL 32169~~ ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
MGRM Salgado, Henry A. III 624 S. Pine St. New Smyrna Bch. Fl. 32169 ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
~~MGRM JONES, MICHELE 624 PINE STREET NEW SMYRNA FL 32169~~ ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
MGRM Salgado, Michele Jones 624 S. Pine St. New Smyrna Bch. Fl. 32169 ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition  
000004463100--0  
-07/06/01--01113--005  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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: Henry A. Salgado III Henry A. Salgado III 6/28/01 386-424-6991  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (5/01)