

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90233 030 ****50.00

DOCUMENT # L99000008915

1. Entity Name

LUTZ GRILLE, LLC

Principal Place of Business

2503 HIGHWAY 60 EAST
 VALRICO FL 33594

Mailing Address

2503 HIGHWAY 60 EAST
 VALRICO FL 33594

2. Principal Place of Business

18421 US Hwy 41 N.

Suite, Apt. #, etc.

3. Mailing Address

1326 E. Lumsden Rd

Suite, Apt. #, etc.

City & State

Lutz FL

City & State

Brandon FL

4. FEI Number

59-3613662

Applied For

Not Applicable

Zip

33549

Country

USA

Zip

33511

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

NORMAN, CHRISTOPHER H ESQ.
 HINES NORMAN & ASSOCIATES, P.L.
 315 SOUTH HYDE PARK AVENUE
 TAMPA FL 33606

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
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE NAME MGRM ☐ Delete
 KAZBOR'S GRILLE & BAR, INC.
 STREET ADDRESS 2503 HIGHWAY 60 EAST
 CITY-ST-ZIP VALRICO FL 33594

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME MGRM ☒ Change ☐ Addition
 KAZBOR'S GRILLE & BAR, INC.
 STREET ADDRESS 1326 E Lumsden Rd.
 CITY-ST-ZIP Brandon FL 33511

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

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

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
 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:

[Signature] KAZBOR 4802 813 684 0622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)