

2002 UNIFORM BUSINESS REPORT (UBR)

0018413

DOCUMENT # M01000001609

1. Entity Name

CHEESEBURGER IN PARADISE, LLC

FILED

02 MAY -1 AM 11: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2202 NORTH WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607

Mailing Address

2202 NORTH WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3671653

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



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

Joseph J. Kadow

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

2202 North West Shore Blvd., 5th Floor

City

Tampa

FL

Zip Code
33607

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

500005537985--8
-05/15/02--01064--002
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
MGR Chris T. Sullivan
STREET ADDRESS 2202 North West Shore Blvd., 5th Floor
CITY-ST-ZIP Tampa, FL 33607

TITLE NAME ☐ Delete
MGR Robert D. Basham
STREET ADDRESS 2202 North West Shore Blvd., 5th Floor
CITY-ST-ZIP Tampa, FL 33607

TITLE NAME ☐ Delete
MGR John Timothy Gannon
STREET ADDRESS 2202 North West Shore Blvd., 5th Floor
CITY-ST-ZIP Tampa, FL 33607

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 ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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 REQUIRED

8-30-02

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

Date

Daytime Phone #

CR2E083 (9/01)