

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90959 040 ****50.00

DOCUMENT # M98000001293

1. Entity Name

SPECIALTY RESTAURANT DEVELOPMENT, L.L.C.

Principal Place of Business

**1001 N. LAKE DESTINY RD., #100
 MAITLAND FL 32751**

Mailing Address

**1001 N. LAKE DESTINY RD., #100
 MAITLAND FL 32751**

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

43-1830622

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

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 **Guy A Taylor**

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

1001 N Lake Destiny Rd Ste 100

City **Maitland**

FL

Zip Code **32751**

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]

Guy A Taylor *owner/member*

3-26-02

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 GUSTIN, ABE** ☐ Delete
 STREET ADDRESS **1001 N. LAKE DESTINY RD., #100**
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE NAME **MGRM TAYLOR, GUY** ☐ Delete
 STREET ADDRESS **1001 N. LAKE DESTINY RD., #100**
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE NAME **MGRM GUSTIN, GREG** ☐ Delete
 STREET ADDRESS **1001 N. LAKE DESTINY RD., #100**
 CITY-ST-ZIP **MAITLAND FL 32751**

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

Date

Daytime Phone #

3-26-02

407-661-3151

CR2E083 (9/01)