

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 29, 2002 8:00 am**  
**Secretary of State**

09-29-2002 90005 019 \*\*\*\*50.00

**DOCUMENT # M99000001104**

1. Entity Name

**OPUS RESTAURANT, LLC**

Principal Place of Business

**4500 EXECUTIVE DR  
 #110  
 NAPLES FL 34119**

Mailing Address

**4500 EXECUTIVE DR  
 #110  
 NAPLES FL 34119**

2. Principal Place of Business

**5200 Tamiami Trail**  
 Suite, Apt. #, etc.

3. Mailing Address

**5200 Tamiami Trail**  
 Suite, Apt. #, etc.

City & State

**Naples FL**

City & State

**Naples, FL**

Zip

**34103**

Country

Zip

**34103**

Country

4. FEI Number **59-3591886**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MITCHELL, WILLIAM N  
 4500 EXECUTIVE DRIVE, STE 110  
 NAPLES FL 34119**

7. Name and Address of New Registered Agent

Name **Thomas G. Brown**

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

**4500 Executive Dr. Suite 210**

City

**Naples**

**FL**

Zip Code  
**34119**

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. I am familiar with, and accept the obligations of registered agent.

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 25, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR**  
 NAME **BROWN, THOMAS G**  
 STREET ADDRESS **4500 EXECUTIVE DR #110**  
 CITY-ST-ZIP **NAPLES FL 34119**

☐ Delete

10. ADDITIONS / CHANGES

TITLE  
 NAME  
 STREET ADDRESS **4500 Executive Dr. #210**  
 CITY-ST-ZIP

☒ Change

☐ Addition

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
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 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
 NAME  
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 CITY-ST-ZIP

☐ Delete

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

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:**

**THOMAS G. BROWN**

**9/24/02**

**239-594-0100**

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

Date

Daytime Phone #

CR2E083 (4/02)