

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006277

1. Entity Name

RICK'S THEATRE FLORIDIAN, INC.

Principal Place of Business

137 TARA LAKES DRIVE WEST
BOYNTON BEACH FL 33438

Mailing Address

137 TARA LAKES DRIVE WEST
BOYNTON BEACH FL 33438

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARLOWE, FREDERICK
137 TARA LAKES DRIVE WEST
BOYNTON BEACH FL 33438

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 is applicable.

(NOTE: Registered Agent signature required when releasing)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARLOWE, FREDERICK 137 TARA LAKES DRIVE WEST BOYNTON BEACH FL 33438	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, GREGORY 16316 NORTH O STREET LAKE WORTH FL 33460	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECHELLO, DIANE 1321 FAIRFAX CIRCLE EAST BOYNTON BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerings.

SIGNATURE:

Frederick Harlowe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2001 561-731-0923
DATE DAYTIME PHONE #

Frederick Harlowe 8/27/2001

561-731-0923

5/2/01

FILED
Sep 06, 2001 8:00 am
Secretary of State

05-02-2001 90135 001 ****70.00



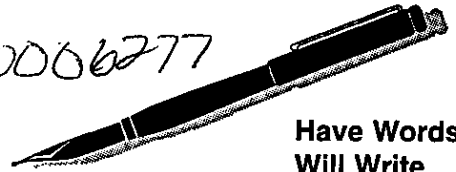
DO NOT WRITE IN THIS SPACE

CR20037 (10/00)

Attachment
Rick Harlowe
Writer

11935

#N000000066277



**Have Words.
Will Write.**

137 Tara Lakes Drive West • Boynton Beach, Florida 33436 • Phone 561-731-0373 • Fax 561-736-5240

**Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314**

To Whom It May Concern,

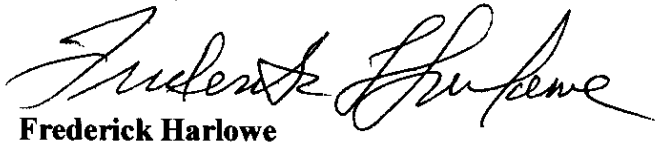
August 27, 2001

I was told to sign this and send it off to you.

Enclosed are the two people who are the Directors. I add made a mistake and deleted them and then I sent off the form.

Thank you and I am sorry for the error.

All the best,


Frederick Harlowe