

2002 UNIFORM BUSINESS REPORT (UBR)

5/28/

FILED
Jul 16, 2002 8:00 am
Secretary of State

05-28-2002 91784 017 ****61.25

DOCUMENT # N01000007784

1. Entity Name

BROWNS BACKERS OF PINELLAS, INC.

Principal Place of Business

Mailing Address

GREEN PARROT PUB & EATERY
3865 EAST BAY DR
LARGO FL 33770

PO BOX 582
LARGO FL 33779

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

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOUCKS, VESTA C
1820 KAY DR
LARGO FL 33770

Name **Doug Leopold**

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

19135 US 19 North F-33

City

Clearwater

FL

Zip Code

33764

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

Doug Leopold

(P) Doug Leopold

27 April 2002

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	LOUCKS, VESTA C	
STREET ADDRESS	1820 KAY DR	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LEOPOLD, DOUGA	
STREET ADDRESS	19135 US 19 NORTH F-33	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BOSWORTH, ROBERT	
STREET ADDRESS	6290 62ND WAY N	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	DT	<input type="checkbox"/> Delete
NAME	TORONTAU, DEB	
STREET ADDRESS	10833 NAVA JO DR	
CITY-ST-ZIP	MADEIRA BEACH FL 33708-3113	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Lukucki	
STREET ADDRESS	2600 Sunny Breeze Ave.	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doug Leopold	
STREET ADDRESS	19135 US 19 North F-33	
CITY-ST-ZIP	Clearwater FL 33764	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Bosworth	
STREET ADDRESS	1610 West Bay Dr Lot 7	
CITY-ST-ZIP	LARGO, FL 33770	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vesta Loucks	
STREET ADDRESS	1820 KAY DR	
CITY-ST-ZIP	LARGO, FL 33770	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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 empowered.

SIGNATURE:

Doug Leopold

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

727 524 9494

CR2E037 (9/01)