

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2003 8:00 am
Secretary of State

08-01-2003 90063 013 ****61.25

DOCUMENT # N01000007784

1. Entity Name

BROWNS BACKERS OF PINELLAS, INC.



Principal Place of Business

GREEN PARROT PUB & EATERY
3665 EAST BAY DR
LARGO FL 33770

Mailing Address

PO BOX 582
LARGO FL 33779

2. Principal Place of Business

GASOLINE ALLEY

3. Mailing Address

17928 US Hwy 19 North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

FL

Zip

33764

Country

USA

Zip

33764

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEOPOLD, DOUG

19135 US-19 NORTH 2994 BONEVENTURE CIR. #N-104
F-33
CLEARWATER FL 33764 PALM HARBOR, FL 34684

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

SIGNATURE

Doug Leopold

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/29/03

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **VPD** ☐ Delete
NAME **LULUCKI, BILL**
STREET ADDRESS **2600 SUNNY BREEZE AVE**
CITY-ST-ZIP **LARGO FL 33770**

TITLE **PD** ☐ Delete
NAME **LEOPOLD, DOUG**
STREET ADDRESS **19135 US-19 NORTH F-33**
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **S** ☐ Delete
NAME **BOSWORTH, ROBERT**
STREET ADDRESS **1610 WEST BAY DR, LOT 7**
CITY-ST-ZIP **LARGO FL 33770**

TITLE **DT** ☒ Delete
NAME **TORONTALI, DEB**
STREET ADDRESS **10833 NAVA JO DR**
CITY-ST-ZIP **MADEIRA BEACH FL 33708-3113**

TITLE **D** ☐ Delete
NAME **LOUCKS, VESTA**
STREET ADDRESS **1820 KAY DR**
CITY-ST-ZIP **LARGO FL 33770**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **DOUG LEOPOLD**
STREET ADDRESS **2994 BONEVENTURE CIR. #N-104**
CITY-ST-ZIP **PALM HARBOR FL 34684**

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

7/29/03 (727) 781-2354

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)