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

FILED
May 17, 2002 8:00 am
Secretary of State
05-17-2002 90034 005 ****70.00

DOCUMENT # N93000002696

1. Entity Name
RIVER CITY RESTAURANT GROUP, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
613 W. ASHLEY ST	613 W. ASHLEY ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL.	City & State: JACKSONVILLE, FL
Zip: 32202 Country: USA	Zip: 32202 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3187171 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BOB STONE
Street Address (P.O. Box Number is Not Acceptable): 695 A1A NORTH, #23
City: PONTE VEDRA BEACH, FL Zip Code: 32082

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: Bob Stone - PRESIDENT 4/29/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) Date

FEE IS $61.25 Initial or Amended UBR	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	P	TITLE	
NAME	BOB STONE	NAME	
STREET ADDRESS	613 W. ASHLEY ST.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL. 32202	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	CORKEY BERGAMO	NAME	
STREET ADDRESS	3305 PARENTAL HOME RD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	CATHY TOCKER	NAME	
STREET ADDRESS	3410 KORI RD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL. 32257	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	MICHAEL MAXWELL	NAME	
STREET ADDRESS	2861 COLLEGE ST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	RANDY PATTON	NAME	
STREET ADDRESS	607 14TH AVE S.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL. 32250	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Bob Stone - BOB STONE - PRESIDENT 4/29/02 904-359-4162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number