

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

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90086 003 ****70.00

DOCUMENT # N93000002696

1. Entity Name

RIVER CITY RESTAURANT GROUP, INC.



Principal Place of Business

**613 W. ASHLEY STREET
JACKSONVILLE FL 32202**

Mailing Address

**613 W. ASHLEY STREET
JACKSONVILLE FL 32202**

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 **59-3187171**

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

STONE, BOBO
695 A1A NORTH
SUITE 23
PONTE VEDRA BEACH FL 32082

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **STONE, BOB**
STREET ADDRESS **315 W. ASHLEY STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **PD** ☒ Change ☐ Addition
NAME **BOB STONE**
STREET ADDRESS **613 W. ASHLEY ST**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE **VD** ☐ Delete
NAME **BERGAMO, CORKEY**
STREET ADDRESS **3305 PARENTAL HOME ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

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

TITLE **SD** ☒ Delete
NAME **TUCKER, CATHY**
STREET ADDRESS **3410 KURL ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **D** ☐ Change ☒ Addition
NAME **CATHY MANZON**
STREET ADDRESS **ONE SAN JOSE PLACE**
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE **TD** ☐ Delete
NAME **MAXWELL, MICHAEL**
STREET ADDRESS **2561 COLLEGE STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

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

TITLE **D** ☐ Delete
NAME **PATTON, RANDY**
STREET ADDRESS **604 14TH AVENUE S.**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

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

TITLE ☐ Delete
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: **Bob Stone**

3/12/03 904-354-4162

CR2E037 (10/02)