

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 27, 2001 8:00 am
Secretary of State

07-27-2001 90006 026 ***550.00

DOCUMENT # P00000000875

1. Entity Name

GULF COAST RESTAURANT SYSTEMS, INC.

Principal Place of Business

3715 AZEELE STREET
TAMPA FL 33609

Mailing Address

3715 AZEELE STREET
TAMPA FL 33609

2. Principal Place of Business

4919 MEMORIAL HWY.

3. Mailing Address

4919 MEMORIAL HWY.

Suite, Apt. #, etc.

SUITE 115

Suite, Apt. #, etc.

SUITE 115

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33634

Country

HILLSBOROUGH

Zip

33634

Country

HILLSBOROUGH

4. FEI Number

59-3616397

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLCOMB, VICTOR W
415 S. HYDE PARK AVENUE
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name W. GLENN HOPPER

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

4919 MEMORIAL HWY

SUITE 115

City

TAMPA

FL

Zip Code

33634

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

W. GLENN HOPPER

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

W. Glenn Hopper

(NOTE: Registered Agent signature required when reinstating)

7/23/01

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME HOPPER, CARL ☐ Delete
STREET ADDRESS 3715 AZEELE STREET
CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P ☒ Change ☐ Addition
NAME HOPPER, CARL
STREET ADDRESS 4919 MEMORIAL HWY, SUITE 115
CITY-ST-ZIP TAMPA, FL 33634

TITLE D/P ☐ Change ☒ Addition
NAME HOPPER, GLENN
STREET ADDRESS 4919 MEMORIAL HWY, SUITE 115
CITY-ST-ZIP TAMPA, FL 33634

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W. GLENN HOPPER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/01

813 882-0005

Daytime Phone #

8809800
AV

CR2E034 (5/01)