

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91456 038 \*\*\*150.00

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**DOCUMENT # P00000028431**

1. Entity Name

**ST. JOHNS RESTAURANT MANAGEMENT COMPANY**



Principal Place of Business  
**6015 CHESTER CIRCLE. #105  
JACKSONVILLE FL 32217**

Mailing Address  
**6015 CHESTER CIRCLE. #105  
JACKSONVILLE FL 32217**



2. Principal Place of Business

**2120 University Blvd. W.**  
Suite, Apt. #, etc.

3. Mailing Address

**2120 University Blvd. W.**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**Jacksonville, FL**  
Zip  
**32217**

Country

**Duval**

City & State

**Jacksonville, FL**  
Zip  
**32217**

Country

**Duval**

4. FEI Number

**59-3653507**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**AKEL, DANIEL D  
ONE INDEPENDENT DR., SUITE 2301  
JACKSONVILLE FL 32202**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **RUKAB, ROBERT**  
STREET ADDRESS **2443 SARAGOSSA AVE.**  
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **D** ☐ Delete  
NAME **RUKAB, LORI**  
STREET ADDRESS **9434 GENNA TRACE**  
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **D** ☐ Delete  
NAME **FARAH, GREG**  
STREET ADDRESS **12081 BRANDON LAKE DR.**  
CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE **D** ☐ Delete  
NAME **FARAH, MUNA**  
STREET ADDRESS **12081 BRADON LAKE DR.**  
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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  
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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 607, 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:

**ROBERT RUKAB**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/16/03**  
Date

**904-737-9498**  
Daytime Phone #

CR2E034 (10/02)