

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90142 039 ***150.00

DOCUMENT # P00000030627

1. Entity Name
EL CID BAR & GRILL, INC.

Principal Place of Business

**2730 S. DIXIE HWY.
W. PALM BEACH FL 33405**

Mailing Address

**7145 CATALINA ISLE DR.
LAKE WORTH FL 33467**

2. Principal Place of Business

3. Mailing Address

1812 LYNTON CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WELLINGTON, FL.

FEI Number

65-0994366

Applied For

Not Applicable

Zip

Country

Zip

33414

Country

Palm Beach

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

**FUCHS, LANCE C
501 S. FLAGLER DR., STE. 305
W. PALM BEACH FL 33401**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D LEECH, ROBERT F**
STREET ADDRESS **7145 CATALINA ISLE DR.**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☒ Change ☐ Addition
NAME **D LEECH, ROBERT F.**
STREET ADDRESS **1812 LYNTON CIRCLE**
CITY-ST-ZIP **WELLINGTON FL. 33414**

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Robert F. Leech
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-01

Date

(561) 793 7261
Daytime Phone #

CR2E034 (10/00)