

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/4

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90066 043 \*\*\*150.00

**DOCUMENT # P00000032864**

1. Entity Name

**NELLY KELLY'S IRISH PUB & RESTAURANT, INC.**

Principal Place of Business

Mailing Address

1418 DEAN ST  
 FT MYERS FL 33901

1418 DEAN ST  
 FT MYERS FL 33901

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

65-1001091

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

**TERRY, MICHAEL J**  
**1418 DEAN ST**  
**FT MYERS FL 33901**

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]*

(NOTE: Registered Agent signature required when reinstating)

APR-27-01

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so: ☐

**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

TITLE: **PRESIDENT & SEC** ☐ Delete  
 NAME: **MICHAEL JOSEPH BUKAT**  
 STREET ADDRESS: **142 SE 17th AVE**  
 CITY-ST-ZIP: **CAPE CORAL FL 33991**

TITLE: ☐ Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

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 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: \_\_\_\_\_ ☐ Change ☐ Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_ ☐ Change ☐ Addition  
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 STREET ADDRESS: \_\_\_\_\_  
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 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 27-01

Date

458-4534

Daytime Phone #

CR2E034 (10/00)