

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/2

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90236 015 \*\*\*150.00

**DOCUMENT # P00000037043**

1. Entity Name

**GEORGE & SAM RESTAURANT, INC.**

Principal Place of Business

**5285 RED BUG LAKE ROAD  
WINTER SPRINGS FL 32708**

Mailing Address

**5285 RED BUG LAKE ROAD  
WINTER SPRINGS FL 32708**

2. Principal Place of Business

**1826 Walker Ave**

Suite, Apt. #, etc.

3. Mailing Address

**1826 Walker Ave.**

Suite, Apt. #, etc.

City & State

**Winter Park FL**

City & State

**Winter Park FL**

Zip

**32789**

Country

**USA**

Zip

**32789**

Country

**USA**

4. FEI Number

**59-3635593**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**VOGELBACHER, GEORGE  
1826 WALKER AVENUE  
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name

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

City

**WP**

**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

TITLE **PT** ☐ Delete  
NAME **VOGELBACHER, GEORGE**  
STREET ADDRESS **5285 RED BUG LAKE ROAD**  
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **S** ☒ Delete  
NAME **SEVEN, SIYAMI**  
STREET ADDRESS **5285 RED BUG LAKE ROAD**  
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **Monique Vogelbacher** ☐ Delete **4.23.01**  
NAME **Monique Vogelbacher**  
STREET ADDRESS **1826 Walker Ave.**  
CITY-ST-ZIP **Winter Park FL 32789**

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 ☒ Change ☐ Addition  
NAME **1826 Walker Ave.**  
STREET ADDRESS **Winter Park FL 32789**  
CITY-ST-ZIP

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

TITLE **Monique Vogelbacher** ☒ Change ☒ Addition  
NAME **Monique Vogelbacher**  
STREET ADDRESS **1826 Walker Ave.**  
CITY-ST-ZIP **Winter Park FL 32789**

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 the empowered.

SIGNATURE: **X**

**George Vogelbacher**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)