

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**  
 07-10-2001 90120 009 \*\*\*558.75

**DOCUMENT # P00000054306**

1. Entity Name  
**COPPER KETTLE RESTAURANT, INC.**

Principal Place of Business  
**6741 ORANGE DRIVE  
 DAVIE FL 33314**

Mailing Address  
**6741 ORANGE DRIVE  
 DAVIE FL 33314**

2. Principal Place of Business  
**91865 OVERSEAS HWY**

3. Mailing Address  
**PO BOX 452**

City & State  
**TAVERNIER, FL**

City & State  
**TAVERNIER, FL**

Zip  
**33070**

Country  
**USA**

Zip  
**33070**

Country  
**USA**

4. FEI Number  
**65-1020031**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MERINO, MICHAEL H  
 6741 ORANGE DRIVE  
 DAVIE FL 33314**

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.

SIGNATURE \_\_\_\_\_ (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	DPV	<input type="checkbox"/> Delete	TITLE	DPV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALL, JAMES C		NAME	BALL, JAMES C	
STREET ADDRESS	6741 ORANGE DRIVE		STREET ADDRESS	91865 OVERSEAS HWY	
CITY-ST-ZIP	DAVIE FL 33314		CITY-ST-ZIP	TAVERNIER, FL 33070	
TITLE	DVS	<input type="checkbox"/> Delete	TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALL, SANDRA R		NAME	BALL, SANDRA R	
STREET ADDRESS	6741 ORANGE DRIVE		STREET ADDRESS	91865 OVERSEAS HWY	
CITY-ST-ZIP	DAVIE FL 33314		CITY-ST-ZIP	TAVERNIER, FL 33070	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Sandra R Ball **SANDRA R BALL 7/6/01** **305-852-4131**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)