

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90083 017 ***150.00

DOCUMENT # P00000058754

1. Entity Name
BJC HOSPITALITY GROUP, INC.

Principal Place of Business 101 SE 2ND PLACE GAINESVILLE FL 32601	Mailing Address C/O SALTER, FEIBER, ET. AL. 703 NE FIRST STREET GAINESVILLE FL 32601
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00000001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	

4. FEI Number 59-3652890	Applied For <input type="checkbox"/> Not Applicable
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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

**SALTER, JAMES D
 703 NE FIRST STREET
 GAINESVILLE FL 32601**

Name
BRENDAN J. CRAPO
 Street Address (P.O. Box Number is Not Acceptable)
101 SE 2ND PLACE, SUITE 114
 City
GAINESVILLE **FL** Zip Code
32601

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 *Edward A. Crapo* **EDWARD A. CRAPO President** 2/27/01
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when re-instating) 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	EDWARD A. CRAPO	PDST <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	101 SE 2ND PLACE, SUITE 114		NAME		
STREET ADDRESS	GAINESVILLE, FL 32601		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	BRENDAN J. CRAPO	VPD <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	101 SE 2ND PLACE, SUITE 114		NAME		
STREET ADDRESS	GAINESVILLE, FL 32601		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		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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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: *Edward A. Crapo* **Edward A. Crapo, Pres.** 2/27/01 352 338 3204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)