

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2001 8:00 am**  
**Secretary of State**

08-14-2001 90010 021 \*\*\*150.00

**DOCUMENT # P00000066082**

1. Entity Name

**ZOE'S RESTAURANT ASSOCIATES, INC.**

*AQUA GRILL*

Principal Place of Business

**2470 TREASURE LN  
 NAPLES FL 34102**

Mailing Address

**2470 TREASURE LN  
 NAPLES FL 34102**

2. Principal Place of Business

**5435 TAMiami TRAIL NORTH**

3. Mailing Address

**5435 TAMiami TRAIL NORTH**

Suite, Apt. #, etc.

**#414**

Suite, Apt. #, etc.

**#414**

City & State

**NAPLES FL**

City & State

**NAPLES FL**

4. FEI Number

**59-3665236**

Applied For

Not Applicable

Zip

**34108**

Country

**USA**

Zip

**34108**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**HERNANDEZ, MICHAEL  
 2470 TREASURE LN  
 NAPLES FL 34102**

7. Name and Address of New Registered Agent

Name **MICHAEL HERNANDEZ**

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

**68 MAHOGANY DRIVE**

City **NAPLES, I**

**FL**

Zip Code **34108**

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

**8/10/01**

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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 **D** ☐ Delete  
 NAME **HERNANDEZ, MICHAEL**  
 STREET ADDRESS **2470 TREASURE LN**  
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE **D** ☐ Delete  
 NAME **HERNANDEZ, LISA**  
 STREET ADDRESS **2470 TREASURE LN**  
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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  
 STREET ADDRESS **68 MAHOGANY DRIVE**  
 CITY-ST-ZIP **NAPLES, FL 34108**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **68 MAHOGANY DRIVE**  
 CITY-ST-ZIP **NAPLES, FL 34108**

TITLE ☐ Change ☒ Addition  
 NAME **JEFF GATELY**  
 STREET ADDRESS **9590 CEDAR CREEK DRIVE**  
 CITY-ST-ZIP **BONITA, FL 34135**

TITLE ☐ Change ☒ Addition  
 NAME **TODD JOHNSON**  
 STREET ADDRESS **2389 PINEWOOD CIR**  
 CITY-ST-ZIP **NAPLES, FL 34105**

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 like empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**8/10/01**

Date

Daytime Phone #

0095527 AV

CR2E034 (5/01)