

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000073830

1. Entity Name  
COTEE RIVER BAR & GRILL, INC.

Principal Place of Business  
7803 GRAND BLVD  
PORT RICHEY FL 34668

Mailing Address  
7803 GRAND BLVD  
PORT RICHEY FL 34668

2. Principal Place of Business

3. Mailing Address

Suite, Apt., etc.

Suite, Apt., etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE, DAWN  
6428 WOODLAND LANE  
NEW PORT RICHEY FL 34653

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, 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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LEE, DAWN  
6428 WOODLAND LANE  
NEW PORT RICHEY FL 34653 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200004642082  
-10/18/01--01063--018  
\*\*\*\*150.00 \*\*\*\*150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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

9-10-01

Date

727-815-1584

Daytime Phone #

0100081 AV

FILED

01 SEP 28 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)

To Whom it may Concern;

pg 2 of 2

I Called your office on Friday 9-7-81 in  
regards to never receiving a renewal form  
for my S Corp License Renewal. The  
Gentleman that I spoke to said to do  
a letter explaining that I did not recie  
the renewal form and a Check for \$150.00  
Please see Attached Check # 1121 for  
the amount of \$150.00.

Sincerely,  
Laura Lee  
(President)

Cotee River Bar & Grill  
7803 GRAND Blvd  
PORT RICHIEY, FLA 34668