

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90160 012 ****61.25
05-27-2002 90307 042 ***150.00

DOCUMENT # **P00000083393**

1. Entity Name

TABU BISTRO & NIGHTCLUB

DO NOT WRITE IN THIS SPACE

80130738

2. Principal Place of Business

9 Stone Street

Suite, Apt. #, etc.

3. Mailing Address

9 Stone St

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Cocoa FLORIDA

Zip

Country

32922 USA

City & State

Cocoa FLORIDA

Zip

Country

32922 USA

4. FEI Number

59-3668318

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Larry Donovan JR

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

4480 Dickens Ave

City

Titusville

FL

Zip Code

32780

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]

(Signature, typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

7-17-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Larry G. Donovan JR
4480 Dickens Ave
Titusville FLORIDA 32780**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President
Gretchen Jacobsen
1043 Myrtle Ln
Cocoa FLORIDA 32922**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary
Bradley Kratzer
4480 Dickens Ave
Titusville FLORIDA 32780**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer
Rita Rosenberger
1043 Myrtle Ln
Cocoa FLORIDA 32922**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

7-17-02

Date

3216398228

Daytime Phone #