

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90003 002 ***150.00

DOCUMENT # P00000095757

1. Entity Name
PAPA B'S GRILL & EATERY, INC.

Principal Place of Business
4524 CURRY FORD RD., STE 273
ORLANDO FL 32812

Mailing Address
4524 CURRY FORD RD., STE 273
ORLANDO FL 32812

2. Principal Place of Business
4544 Curry Ford RD
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
ORLANDO FL
Zip
32812
Country
USA

City & State
Zip
Country

4. FEI Number **59-3675148**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GRAHAM, WAYNE
4417 SAILOR CT.
ORLANDO FL 32812

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. I am familiar with, and accept the obligations of registered agent.

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 13, 2002 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	PD	<input type="checkbox"/> Delete
NAME	BURKE, BERNARD J	
STREET ADDRESS	5241 SOUTH CONWAY RD.	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GRAHAM, WAYNE	
STREET ADDRESS	4417 SAILOR CT.	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED** **8-1-02 407-366-7878**

CR2E034 (4/02)

Attachment

972499

August 1, 2002

FROM: Papa B'S Grill & Eatery
RE: Uniform Business Report # P00000095757

TO: Division of Corporations
PO BOX 1500
Tallahassee, FL 32302-1500

We are in receipt of our 60 Day notice to file our business report, with a \$450.00 late fee. After thorough research we have concluded we never received the original notice.

Please waive the late fee and accept our \$150.00



Wayne Graham
Registered Agent
Secretary, Treasurer, Director