

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90211 045 ***150.00

DOCUMENT # **PO1000002766**

1. Entity Name

THE DRAFT ZONE SPORTS BAR, INC

Principal Place of Business

Mailing Address

12423-25 US 19

HUDSON, FL 34667

2. Principal Place of Business

12423-25 US 19

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HUDSON FL

City & State

1

4. FEI Number

65-1063571

Applied For

Not Applicable

Zip

34667

Country

PASCO

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0063106

6. Name and Address of Current Registered Agent

CALISE, WILLIAM J JR
12425 US 19
HUDSON, FL 34667

7. Name and Address of New Registered Agent

Name

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

12423-25 US 19

City

HUDSON

FL

Zip Code

34667

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 \$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

D ☐ Delete
CALISE WILLIAM J. JR
12425 US 19
HUDSON, FL 34667

☐ Delete
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete
 TITLE
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 STREET ADDRESS
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☐ Delete
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

D P TSV ☒ Change ☒ Addition
12423-25 US 19
HUDSON, FL 34667

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

☐ Change ☐ Addition
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 STREET ADDRESS
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 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:

William J. Calise Jr
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01
 Date

Daytime Phone #

CFR2034 (11/00)