

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**  
 05-10-2002 90034 006 \*\*\*150.00

**DOCUMENT # P01000015199**

1. Entity Name  
**HMS STEAKHOUSE OF PORT RICHEY, INC.**

Principal Place of Business Mailing Address  
**4744 NORTH DALE MABRY HWY. 4744 NORTH DALE MABRY HWY.**  
**TAMPA FL 33614 TAMPA FL 33614**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3722137** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BAILIN, LAWRENCE J**  
**401 EAST JACKSON ST., STE. 2200**  
**TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **Holliday, Ronald Esq**  
 Street Address (P.O. Box Number is Not Acceptable)  
**PIPER MARBURY LLP**  
**101 E Kennedy Blvd, Suite 2000**  
 City **Tampa** FL Zip Code **33602-5149**

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]* DATE  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE **D** ☐ Delete  
 NAME **SELTZER, HAROLD**  
 STREET ADDRESS **4744 NORTH DALE MABRY HWY.**  
 CITY-ST-ZIP **TAMPA FL 33614**

TITLE **D** ☐ Delete  
 NAME **SELTZER, MICHAEL**  
 STREET ADDRESS **4744 NORTH DALE MABRY HWY.**  
 CITY-ST-ZIP **TAMPA FL 33614**

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 **PD** ☒ Change ☐ Addition  
 NAME **SELTZER, HAROLD**  
 STREET ADDRESS **4806 CULBREATH ISLES WAY**  
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE **CD** ☒ Change ☐ Addition  
 NAME **SELTZER, MICHAEL**  
 STREET ADDRESS **4744 N. DALE MABRY**  
 CITY-ST-ZIP **TAMPA FL 33614**

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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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]* Michael Seltzer 04/19/02 813-873-7267  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)