

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90209 003 \*\*\*150.00

**DOCUMENT # P01000015199**

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



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

Mailing Address  
**4744 NORTH DALE MABRY HWY.  
TAMPA, FL 33614**

**94073448**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03192004

Chg-P

CR2E034 (10/03)

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

7. Name and Address of New Registered Agent

**HOLLIDAY, RONALD ESQ.  
PIPER MARBURY LLP  
101 E. KENNEDY BLVD. STE. 2000  
TAMPA, FL 33602-5149**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME SELTZER, HAROLD ☒ Delete  
STREET ADDRESS 4806 CULBREATH ISLES WAY  
CITY-ST-ZIP TAMPA, FL 33629

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

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

TITLE D & P T ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP & AS ☐ Change ☒ Addition  
NAME Hyman Bloom  
STREET ADDRESS 4770 Kent Avenue, Suite 100  
CITY-ST-ZIP Montreal, Quebec CANADA H3W 1H2

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition  
NAME Richard Dubrovsky  
STREET ADDRESS 4770 Kent Avenue, Suite 214  
CITY-ST-ZIP Montreal, Quebec CANADA H3W 1H2

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 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

President

Date

Daytime Phone #

Michael Seltzer

**813-873-7267**