

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000023310

1. Entity Name
J.R. RESTAURANT, INC.

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90016 045 ***150.00

Principal Place of Business
23 WALTERS AVE
COLD SPRINGS HARBOR NY 11724

Mailing Address
23 WALTERS AVE
COLD SPRINGS HARBOR NY 11724

2. Principal Place of Business
551 N. ALAFAYA TRAIL

3. Mailing Address
1650 SYCAMORE AVE.

Suite, Apt. #, etc.
City & State
ORLANDO, FL.

Suite, Apt. #, etc.
City & State
SUITE 15
BOHEMIA, NY

Zip
32828

Country

Zip
11716

Country

4. FEI Number
11-3591354

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

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.

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D GELSHENEN, JOSEPH 23 WALTERS AVE COLD SPRINGS HARBOR NY 11724	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D PROBST, JOHN 1 SUNDOWN CT HUNTINGTON NY 11743	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D MOORE, LINDA 4 STEPHEN LN HICKSVILLE NY 11801	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:

JOSEPH GELSHENEN, PRES. 4-24-02 (516) 381-4948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)