

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90064 003 ***150.00

DOCUMENT # P01000046332

1. Entity Name

TAMPA BAY LE PEEP RESTAURANTS, INC.

Principal Place of Business

**11307 CARROLLWOOD ESTATES DRIVE
TAMPA FL 33624**

Mailing Address

**11307 CARROLLWOOD ESTATES DRIVE
TAMPA FL 33624**

2. Principal Place of Business

14366 N. DALE MABRY HWY.

Suite, Apt. #, etc.

55

City & State

TAMPA, FL

Zip

33618

Country

USA

3. Mailing Address

14366 N. DALE MABRY HWY

Suite, Apt. #, etc.

55

City & State

TAMPA, FL

Zip

33618

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3719090

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOROWITZ, MITCHELL I

**501 EAST KENNEDY BLVD SUITE 1700
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

DONNIE S. LANGSTON

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

14366 N. DALE MABRY HWY

City

TAMPA

FL

Zip Code

33618

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

Donnie S. Langston

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

TITLE **D** ☐ Delete
NAME **LANGSTON, DONNIE S**
STREET ADDRESS **11307 CARROLLWOOD ESTATES DRIVE**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **D** ☒ Delete
NAME **LANGSTON, GEORGIA B**
STREET ADDRESS **11307 CARROLLWOOD ESTATES DRIVE**
CITY-ST-ZIP **TAMPA FL 33624**

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 **PRESIDENT** ☒ Change ☐ Addition
NAME **DONNIE S. LANGSTON**
STREET ADDRESS **14366 N. DALE MABRY HWY**
CITY-ST-ZIP **TAMPA, FL 33618**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **KAMAL M. DRYRUTI**
STREET ADDRESS **14366 N. DALE MABRY HWY**
CITY-ST-ZIP **TAMPA, FL 33618**

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

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

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

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:

Donnie S. Langston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02

Date

813-968-3266

Daytime Phone #

CR2E034 (9/01)