

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 **Mailing Address**
11307 CARROLLWOOD ESTATES DRIVE **11307 CARROLLWOOD ESTATES DRIVE**
TAMPA FL 33624 **TAMPA FL 33624**

2. Principal Place of Business **3. Mailing Address**
14366 N. DALE MABRY HWY. **14366 N. DALE MABRY HWY**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**
55 **# 55**

City & State **City & State**
TAMPA, FL **TAMPA, FL**

Zip **Country** **Zip** **Country**
33618 **USA** **33618** **USA**

4. FEI Number **Applied For**
59-3719090 **Not Applicable**

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



DO NOT WRITE IN THIS SPACE

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 **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LANGSTON, DONNIE S	
STREET ADDRESS	11307 CARROLLWOOD ESTATES DRIVE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANGSTON, GEORGIA B	
STREET ADDRESS	11307 CARROLLWOOD ESTATES DRIVE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNIE S. LANGSTON	
STREET ADDRESS	14366 N. DALE MABRY HWY	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMAL M. DRYRUTI	
STREET ADDRESS	14366 N. DALE MABRY HWY	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CFR2E034 (9/01)