

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90114 031 ***158.75

DOCUMENT # P01000082155

1. Entity Name
BONEFISH GRILL, INC.



Principal Place of Business
**2202 NORTH WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607**

Mailing Address
**2202 NORTH WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607**

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 **59-3736410**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KADOW, JOSEPH J
2202 NORTH WESTSHORE BLVD.
5TH FLOOR
TAMPA FL 33607**

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. 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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KADOW, JOSEPH J	
STREET ADDRESS	2202 NORTH WESTSHORE BLVD. 5TH FLOOR	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	BASHAM, ROBERT D	
STREET ADDRESS	2202 NORTH WESTSHORE BLVD., 5TH FLOOR	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	P	<input type="checkbox"/> Delete
NAME	COOPER, JOHN W	
STREET ADDRESS	2202 NORTH WESTSHORE BLVD., 5TH FLOOR	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GANNON, J. TIMOTHY	
STREET ADDRESS	2202 NORTH WESTSHORE BLVD., 5TH FLOOR	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	VAST	<input type="checkbox"/> Delete
NAME	MERRITT, ROBERT S	
STREET ADDRESS	2202 NORTH WESTSHORE BLVD., 5TH FLOOR	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CURCI, TIMOTHY V	
STREET ADDRESS	2202 NORTH WESTSHORE BLVD., 5TH FLOOR	
CITY-ST-ZIP	TAMPA FL 33607	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kadow, Joseph J.	
STREET ADDRESS	2202 N. Westshore Blvd., 5th Floor	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	D, CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Basham, Robert D.	
STREET ADDRESS	2202 N. Westshore Blvd., 5th Floor	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D, SV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gannon, J. Timothy	
STREET ADDRESS	2202 N. Westshore Blvd., 5th Floor	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	D, SV, AS, CEO, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Merritt, Robert S.	
STREET ADDRESS	2202 N. Westshore Blvd., 5th Floor	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sullivan, Chris T.	
STREET ADDRESS	2202 N. Westshore Blvd 5th Fl	
CITY-ST-ZIP	Tampa FL 33607	

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 REQUIRED

Joseph J. Kadow 1/19/03 (813) 282-1205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)