

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

04-16-2003 90224 045 ***150.00

DOCUMENT # P02000049044



1. Entity Name
BRANDON RESTAURANT GROUP HOLDING CORPORATION

Principal Place of Business
**200 CENTRAL AVENUE, SUITE 2300
ST. PETERSBURG FL 33701**

Mailing Address
**200 CENTRAL AVENUE, SUITE 2300
ST. PETERSBURG FL 33701**



2. Principal Place of Business
2325 Ulmerton Rd, Ste 20

3. Mailing Address
2325 Ulmerton Rd., Ste. 20

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Clearwater, Florida

City & State
Clearwater, Florida

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33762

Country
Pinellas

Zip
33762

Country
Pinellas

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

**GILES, JOEL B ESQ.
200 CENTRAL AVENUE, SUITE 2300
ST. PETERSBURG FL 33701**

Name **CFRA, LLC**
Street Address (P.O. Box Number is Not Acceptable)
777 South Harbour Island Boulevard, 5th Floor
City **Tampa-** FL Zip Code **33602-5730**

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

Joel B. Giles

April 9, 2003

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reissuing)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MORRIS, GREGORY D**
STREET ADDRESS **2325 ULMERTON ROAD, SUITE 20**
CITY-ST-ZIP **CLEARWATER FL 33762**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **BULLARD, Fred B., Jr.**
CITY-ST-ZIP **2325 Ulmerton Road, Suite 20
Clearwater, Florida 33762**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED

Fred B. Bullard, Jr.,

April 14, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

Date

Daytime Phone #

CR2E034 (10/02)