

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90104 009 ***150.00

DOCUMENT # P02000071034

1. Entity Name

SAN-CAP RESTAURANT GROUP, INC.



Principal Place of Business
**618 N YACHTSMAN DR
SANIBEL ISLAND FL 33957**

Mailing Address
**618 N YACHTSMAN DR
SANIBEL ISLAND FL 33957**



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

27-0019704

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FISHER, LEIGH M
1505 SE 40TH ST STE B
CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

Name

ROB DEGENNARO

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

618 N. YACHTSMAN DRIVE

City

SANIBEL ISLAND

FL

Zip Code

33957

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 **ROB DEGENNARO**

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT**
NAME **DE GENNARO, ROBERT**
STREET ADDRESS **618 N YACHTSMAN DR**
CITY-ST-ZIP **SANIBEL ISLAND FL 33957**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **VS**
NAME **DE GENNARO, CATHERINE**
STREET ADDRESS **618 N YACHTSMAN DR**
CITY-ST-ZIP **SANIBEL ISLAND FL 33957**

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change

☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)