

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91840 042 ***150.00

DOCUMENT # P02000075520

1. Entity Name
ST. JOHNS SEAFOOD RESTAURANT & OYSTER BAR #8, IN C.



Principal Place of Business
6015 CHESTER CIRCLE, STE 105
JACKSONVILLE FL 32217

Mailing Address
6015 CHESTER CIRCLE, STE 105
JACKSONVILLE FL 32217

2. Principal Place of Business
9825-1 San Jose Blvd.

3. Mailing Address
2120 University Blvd. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville, FL.

City & State
Jacksonville, FL.

4. FEI Number
22-3856711

Applied For
Not Applicable

Zip
32257

Country
Duval

Zip
32217

Country
Duval

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

6. Name and Address of Current Registered Agent

AKEL, DANIEL D
ONE INDEPENDENT DR, STE 2301
JACKSONVILLE FL 32202

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

10. OFFICERS AND DIRECTORS

TITLE
D ☐ **Delete**
NAME
RUKAB, ROBERT
STREET ADDRESS
6015 CHESTER CIRCLE
CITY-ST-ZIP
JACKSONVILLE FL 32217

TITLE
D ☐ **Delete**
NAME
RUKAB, LORI
STREET ADDRESS
6015 CHESTER CIRCLE
CITY-ST-ZIP
JACKSONVILLE FL 32217

TITLE
D ☐ **Delete**
NAME
FARAH, GREG
STREET ADDRESS
6015 CHESTER CIRCLE
CITY-ST-ZIP
JACKSONVILLE FL 32217

TITLE
D ☐ **Delete**
NAME
FARAH, MUNA
STREET ADDRESS
6015 CHESTER CIRCLE
CITY-ST-ZIP
JACKSONVILLE FL 32217

TITLE
 ☐ **Delete**
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
 ☐ **Delete**
NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
President ☒ **Change** ☐ **Addition**
NAME
Rukab, Robert
STREET ADDRESS
2120 University Blvd W.
CITY-ST-ZIP
Jacksonville, FL 32217

TITLE
Vice President ☒ **Change** ☐ **Addition**
NAME
Rukab, Lori
STREET ADDRESS
2120 University Blvd W.
CITY-ST-ZIP
Jacksonville, FL 32217

TITLE
Treasurer ☒ **Change** ☐ **Addition**
NAME
Farah, Greg
STREET ADDRESS
2120 University Blvd.
CITY-ST-ZIP
Jax, FL 32217

TITLE
Secretary ☒ **Change** ☐ **Addition**
NAME
Farah, Muna
STREET ADDRESS
2120 University Blvd.
CITY-ST-ZIP
Jax, FL 32217

TITLE
 ☐ **Change** ☐ **Addition**
NAME

STREET ADDRESS

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 life empowered.

SIGNATURE: **SIGNATURE REQUIRE Robert Rukab** **11/16/03** **904-737-9498**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)