

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90303 037 \*\*\*150.00

DOCUMENT # P02000114788

1. Entity Name

THE DUTCHMAN LOUNGE, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2026 SOUTH KINGS ROAD

Suite, Apt. #, etc.

3. Mailing Address  
4198 DAWNRIE ROAD EAST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
CALLAHAN, FL

City & State  
JACKSONVILLE, FL

4. FEI Number 11-3663011

Applied For

Not Applicable

Zip  
32011

Country

Zip  
32277

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name KIM HUBBARD

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

3128 BEACH BLVD.

City JACKSONVILLE

FL

Zip Code  
32207

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

VANSCYOC, WILLIAM J. II (DIRECTOR)  
4198 DAWNRIE ROAD EAST  
JACKSONVILLE, FL 32277

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *William J. Vanscyoc* WILLIAM J. VANSCYOC II \*

(904) 879-9455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)