

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000087845**

1. Entity Name

RIB CITY GRILL, INC.

Principal Place of Business

**12575 CLEVELAND AVENUE
FORT MYERS FL 33907**

Mailing Address

**2122 SECOND J
FORT MYERS FL 33901
US**

2. Principal Place of Business

3. Mailing Address

12575 S Cleveland Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. Myers FL

Zip

Country

Zip

Country

33907**US**

4. FEI Number

65-0455235

Applied For

Not Applicable

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

**PEDEN, PAUL D
12575 CLEVELAND AVENUE
FORT MYERS FL 33907**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	PEDEN, PAUL D	
STREET ADDRESS	2122 SECOND STREET	
CITY-ST-ZIP	FORT MYERS FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	STD	<input type="checkbox"/> Delete
NAME	PEDEN, CRAIG D	
STREET ADDRESS	2122 SECOND STREET	
CITY-ST-ZIP	FT MYERS FL 33901	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	COOK, PETER M	
STREET ADDRESS	7771 CAMERON CIR	
CITY-ST-ZIP	FORT MYERS FL 33912	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 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 #

Peter M Cook **Peter M Cook** **2/15/01** **941-275-670****FILED**
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90078 012 ***150.00

927089

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)