

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000047241

1. Entity Name
MAVERICK SALOON, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90374 019 ***150.00

Principal Place of Business

9131-1 COLLEGE PARKWAY
FT. MYERS FL 33919

Mailing Address

BOURBON ST. LIQOURS
9131-1 COLLEGE PKWY.
FT. MYERS FL 33919

2. Principal Place of Business

3. Mailing Address

13122 LANGSTON CT.
Suite, Apt. #, etc.

13122 LANGSTON CT.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
FT. MYERS FL

City & State
FT. MYERS FL

4. FEI Number 59-2318033

Applied For
Not Applicable

Zip
33919

Country
Lee

Zip
33919

Country
Lee

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

ROZINAK, W. E
862 CYPRESS LAKE CIRCLE
FT. MYERS FL 33919

Name ROZINAK W.E.

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

13122 LANGSTON CT

City FT. MYERS

FL

Zip Code 33919

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 P
NAME ROZINAK, W. E
STREET ADDRESS 862 CYPRESS LAKE CIRCLE
CITY-ST-ZIP FT. MYERS FL ☐ Delete

TITLE P
NAME ROZINAK W.E.
STREET ADDRESS 13122 LANGSTON CT.
CITY-ST-ZIP FT MYERS FL. 33919 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

W.E. ROZINAK (W.E. ROZINAK)

4/25/01

4893690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)