

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000064521

1. Entity Name

\$ & V RESTAURANTS, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90083 002 ***150.00

Principal Place of Business

200 N. ATLANTIC AVE.
COCOA BEACH FL 32931

Mailing Address

200 N. ATLANTIC AVE.
COCOA BEACH FL 32931-2963

2. Principal Place of Business

8501 Astronaut Blvd.
Suite, Apt. #, etc.
8

3. Mailing Address

200 S. Sykes Creek Pkwy
Suite, Apt. #, etc.
207



DO NOT WRITE IN THIS SPACE

City & State

Cape Canaveral, FL
32920 USA

City & State

Merritt Island, FL
32952 USA

4. FEI Number

59-3263863

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VERNON, GRANT E
1700 N. ATLANTIC AVE.
#135
COCOA BEACH FL 32931

7. Name and Address of New Registered Agent

Name: Tracey V. Stevens
Street Address (P.O. Box Number is Not Acceptable): 200 S. Sykes Creek Pkwy. # 207
City: Merritt Island FL Zip Code: 32952

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, 2000 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

TITLE: PD
NAME: STEVENS, WALTER F II
STREET ADDRESS: %200 N. ATLANTIC AVE.
CITY-ST-ZIP: COCOA BEACH FL 32931

TITLE: STD
NAME: VERNON, GRANT E
STREET ADDRESS: 1700 N. ATLANTIC AVE., #135
CITY-ST-ZIP: COCOA BEACH FL 32931

TITLE: VPD
NAME: STEVENS, TRACEY V
STREET ADDRESS: 200 N. ATLANTIC AVE.
CITY-ST-ZIP: COCOA BEACH FL

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: VPD
NAME: Stevens, W. Franklin II
STREET ADDRESS: 325 Banana Blvd., # 214
CITY-ST-ZIP: Cocoa Beach, FL 32931

TITLE: PD
NAME: Vernon, Grant E.
STREET ADDRESS: 1755' Boysside St.
CITY-ST-ZIP: Merritt Island, FL 32952

TITLE: STD
NAME: Stevens, Tracey V.
STREET ADDRESS: 200 S. Sykes Creek Pkwy, # 207
CITY-ST-ZIP: Merritt Island, FL 32952

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
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 #

4-28-00 (321) 452-4496