

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000020460

1. Entity Name

BOBBY G'S SPORTS LOUNGE, INC.

Principal Place of Business

1634 SE 47 ST
CAPE CORAL FL 33904

Mailing Address

3218 SE 6TH PL
CAPE CORAL FL 33904
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0565613

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

GRIECO, ROBERT
1634 SE 47 ST
CAPE CORAL FL 33904

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 D ☐ Delete
NAME GRIECO, ROBERT
STREET ADDRESS 3218 SE 6 PL
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE SEC. ☐ Change ☒ Addition
NAME SUE EASLEY
STREET ADDRESS 3832 SE 7TH AV.
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: *Robert Grieco*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT GRIECO

Date

4-9-01

Daytime Phone #

549-5042

FILED

Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90061 004 ***150.00

C0045998



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)