## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** DOCUMENT # P95000029674 May 15, 2000 8:00 am Secretary of State JORDAN'S STEAK HOUSE AT THE QUAY, INC. 05-15-2000 90301 012 \*\*\*150.00 Mailing Address Principal Place of Business 310 SARASOTA QUAY SARASOTA QUAY SARASOTA FL 34236 SARASOTA FL 34236-4861 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0865002 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GAREAU, JEFF Street Address (P.O. Box Number is Not Acceptable) 310 SARASOTA QUAY SARASOTA FL 34236 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE TITLE ☐ Delete GAREAU, JEFF NAME NAME 310 SARASOTA QUAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 ☐ Addition Change Delete TITLE TITLE NOGNAN, JOHN F NAME NAME 310 SARASOTA QUAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP ☐ Addition Delete ☐ Change NOONAN, JOHN F NAME NAME SUITE 310, SARASOTA QUAY STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Change Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE THILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C.T. 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING O

SIGNATURE: