

DOCUMENT # P95000054303

1. Entity Name

TOWN TAVERN OF ADVENTURA INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90948 042 ***150.00

Principal Place of Business

20301 BISCAYNE BLVD
ADVENTURA, FL 33150
US

Mailing Address

4411 Cleveland Ave
Ft Myers, FL 33901

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0650477

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

100828

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GARGANO, ANTHONY
2075 W First ST
STE 203
Ft MYERS, FL 33901

7. Name and Address of New Registered Agent

Name RICHARD J. SIMEONE

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

436 S. ANDREWS AVE

City Ft LAUD

FL

Zip Code 33301

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.

RICHARD J. SIMEONE

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/00

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

NAME

STREET ADDRESS

CITY-ST-ZIP

DCEO
LAGESCHULTE, DAVID
4411 Cleveland Ave
Ft. MYERS, FL 33901☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DST
LYNCH, PAUL
4411 Cleveland Ave
Ft MYERS, FL 33901☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DP
BRAWNER, TERRY
4411 Cleveland Ave
Ft MYERS, FL 33901☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

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☐ Change☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00
Date941-275-6339
Daytime Phone #