

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90059 028 \*\*\*150.00

DOCUMENT # P95000071669  
1. Entity Name  
Calico Jack's Restaurants, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>2699 Lee Rd</u>		3. Mailing Address <u>2699 Lee Rd</u>	
Suite, Apt. #, etc. <u>Suite 200</u>		Suite, Apt. #, etc. <u>Suite 200</u>	
City & State <u>Winter Park, FL</u>		City & State <u>Winter Park, FL</u>	
Zip <u>32789</u>	Country	Zip <u>32789</u>	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>59-3334678</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <u>Lehn E Abrams</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>801 N. Magnolia Ave., Suite 201</u>	
City <u>Orlando</u>	FL Zip Code <u>32789</u>

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 <u>PTD</u>	NAME <u>Arcomore, James F</u>	STREET ADDRESS <u>2699 Lee Rd, Suite 200</u>	CITY-ST-ZIP <u>Winter Park, FL 32789</u>
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TITLE <u>D</u>	NAME <u>Stine, Robert H</u>	STREET ADDRESS <u>2699 Lee Rd Suite 200</u>	CITY-ST-ZIP <u>Winter Park FL 32789</u>
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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, trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jim Arcomore 4/11/02 (407) 415-4811

Date

Daytime Phone

CR2E034B (12/01)