2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000074840

1. Entity Name

DAVE & BUSTERS OF FLORIDA, INC.



FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90072 039 ***150.00

			\ \\\	COO WE TRUST			
Principal P	lace of Business	Mailing Address					
	OOD BLVD.	C/O LEGAL DEPT.				0000	4040
HOLLYWOO	D FL 33020	2481 MANANA DRIVE			1	90004	4312
US		DALLAS TX 75220					
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2. Principa	I Place of Business	US				(), () (), () (), ()	(1)
	The state of Educations	3. Mailing Address			T HOROTOGOL SEN ENERGY MAINE NATIVE NO	iii 20)(00(106 0100 10	ian dib ni ed ni (64)
Suite, A	pt. #, etc.	Suite, Apt. #, etc.		_	4		
City 9 0					☐ CHECK HERE	IF MAKING CHANG	ES
City & S	tale	City & State	•	<u>.</u>	4. FEI Number EQ 0000404		Applied For
Zip	Country	Zip	Country		58-2223494		Not Applicable
		Σιμ	Country		5. Certificate of Status Desired	□ \$8. 75	Additional
	6. Name and Address of Currer	t Registered Agent			7. Name and Address of New F	Fee Requ	uired
CODDOD	ATION OFFICE COMPANY		Nam	1e	e e e e e e e e e e e e e e e e e e e	icgistered Agent	
	ATION SERVICE COMPANY		Street Address		P.O. Box Number is Not Acceptable)		
	YS STREET				T.O. Box Number is Not Acceptable))	
TALLAHA	SSEE FL 32301						
	-• •	•	City			E I Zip C	ode
8. The abov	re named entity submits this statement fations of registered agent.	or the purpose of changing i	its registered office	or registers	ad a seat as had a sea a sea		
the obliga	ations of registered agent.	are parpose of officinging i	ns registered office	e or registere	ed agent, or both, in the State of Fig	rida. I am familiar wit	th, and accept
SIGNATURE	:						
	Signature, typed or printed name of registered agen	t and title if applicable. (NC	OTE: Registered Agent sig	gnature required	when reinstating)	DATE	
	FILE NOW!!! FEE IS \$150.00						
Afte	er May 1, 2003 Fee will be \$550.00				9. Election Campaign Fin	ancing _ \$5	.00 May Be
	ck Payable to Florida Department of	of State			Trust Fund Contribution	n. 🗆 Add	led to Fees
10.	OFFICERS AND	DIRECTORS	. 11.	-	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	IDS IN 11
TITLE	PD	☐ Delete	TITLE		3 3, 3, 4, 4, 62, 6 6 6111	☐ Change	
NAME	CORRIVEAU, DAVID O		NAME	ŀ		C change	Addition
STREET ADDRESS	14 INIEL OLID I PUOL		STREET ADDRES	s			
City-St-ZIP	DALLAS TX 75230		CITY-ST-ZIP				
TITLE	IT	☐ Delete	TITLE	V0 7			
NAME	HAMMETT, WILLIAM C JR	☐ Detete	NAME	\VP,7	ı	Change	Addition
STREET ADDRESS	5725 MARTIN ROAD #4268		STREET ADDRESS				
CITY-ST-ZIP	PLANO TX 75024		CITY-ST-ZIP	`			Í
INTE	SV	Delete					
NAME	DAVIS, JOHN S	L Delete	: IIILE	*12'A5	The second secon	L Kange	☐.Addition
	2704 WESTMINSTER DRIVE		NAME			•	
CITY-ST-ZIP	DALLAS TX 75205		STREET ADDRESS CITY-ST-ZIP	;			
TITLE		☐ Delete			<u> </u>		
NAME		☐ Delete	TITLE	1		☐ Change	☐ Addition
STREET ADDRESS			. NAME				ĺ
CITY-ST-ZIP	\parallel{\		STREET ADDRESS				ĺ
TITLE		_ 	CITY-ST-ZIP				}
NAME		☐ Delete	TITLE			☐ Change	☐ Addition
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i			STREET ADDRESS			•	ľ
CITY-ST-ZIP			CITY-ST-ZIP	1			
TITLE		☐ Delete	TITLE		·	☐ Change	Addition -
NAME CTREET ADDRESS			NAME			change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP	i			
12. Thereby c	ertify that the information supplied with	bia filina ataun atau	_				

12 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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