

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 05, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000092841**1. Entity Name
TIME OUT SPORTS GRILLE, INC.

Principal Place of Business	Mailing Address
3814 W. NEPTUNE STREET SUITE 505 TAMPA 33629 US	3814 W. NEPTUNE STREET SUITE 505 TAMPA 33629 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

59-3362360

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCNAMARA THOMAS P
2909 BAY TO BAY BLVD.
SUITE 309
TAMPA
33629
US

FL

7. Name and Address of New Registered Agent

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 _____ DATE **04/05/2001**

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

TITLE	ST	Delete
NAME	TATUM DAVE	☐
STREET ADDRESS	4609 ACKERLY WAY	
CITY-ST-ZIP	BRANDON FL	

TITLE	DP	Delete
NAME	STUTLER BARRY	☐
STREET ADDRESS	3902 W. SAN RAFAEL ST.	
CITY-ST-ZIP	TAMPA FL 33629	

TITLE		Delete
NAME		☐
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		Delete
NAME		☐
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		Delete
NAME		☐
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		Delete
NAME		☐
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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: Barry Stutler

P

04/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)