

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90065 003 \*\*\*150.00

**DOCUMENT # P96000036582**

1. Entity Name  
**GAINESVILLE RESTAURANT GROUP INC.**

Principal Place of Business

**5115 NW 39 AVE  
 GAINESVILLE FL 32606**

Mailing Address

**5115 NW 39 AVE  
 GAINESVILLE FL 32606**

2. Principal Place of Business

3. Mailing Address

**90 REGAN**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**4421 N.W. 36 DRIVE**

City & State

City & State

**G'ville, FL.**

Zip

Country

Zip

Country

**32605-5424 USA**

4. FEI Number

**59-3389897**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REGAN, DONALD J  
 4421 NW 36 DR  
 GAINESVILLE FL 32605**

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **PD REGAN, DONALD J**  
 STREET ADDRESS **4421 NW 36 DR**  
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE ☐ Change ☒ Addition  
 NAME **S AKEY, melissa A.**  
 STREET ADDRESS **941 NW 118 Terr**  
 CITY-ST-ZIP **Gainesville FL 32606**

TITLE ☐ Delete  
 NAME **TD REGAN, LAURE K**  
 STREET ADDRESS **4421 NW 36 DR**  
 CITY-ST-ZIP **GAINESVILLE FL 32605**

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

TITLE ☐ Delete  
 NAME **VP YOUNG, DONALD G**  
 STREET ADDRESS **14501 NW 153 TERR**  
 CITY-ST-ZIP **ALACHUA FL 32616**

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

TITLE ☐ Delete  
 NAME **VP AKEY, MICHAEL J**  
 STREET ADDRESS **941 NW 118TH TERR**  
 CITY-ST-ZIP **GAINESVILLE FL 32606**

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

TITLE ☐ Delete  
 NAME **AS FENNELL, CHRISTOPHER**  
 STREET ADDRESS **5121 NW 29 LANE**  
 CITY-ST-ZIP **GAINESVILLE FL 32606**

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

TITLE ☐ Delete  
 NAME **AT GENSER, DINO**  
 STREET ADDRESS **507 NW 39RD #138**  
 CITY-ST-ZIP **GAINESVILLE FL 32607**

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:

**REGAN, DONALD J**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-15-02 352 3759 006**

CR2E034 (9/01)