

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90745 036 \*\*\*150.00

**DOCUMENT # P96000036582**

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



Principal Place of Business  
**5115 NW 39 AVE  
GAINESVILLE FL 32606**

Mailing Address  
**C/O REGAN  
4421 N.W. 36 DRIVE  
GAINESVILLE FL 32605-5424**



2. Principal Place of Business

3. Mailing Address

**4613 OAK HAMMOCK CT.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**HARBOR VILLAGE**

City & State

City & State

**POINCE INLET, FL**

Zip

Country

Zip

Country

**32127**

**USA**

☐ CHECK HERE IF MAKING CHANGES

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)

**HARBOR VILLAGE**

**4613 OAK HAMMOCK COURT**

City

**POINCE INLET**

FL

Zip Code

**32127**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/10/03**

Date

**386 788 06 04**

Daytime Phone #

CR2E034 (10/02)