

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**  
 02-04-2000 90071 011 \*\*\*150.00

**DOCUMENT # P96000044951**

1. Entity Name  
**CITY GRILL AND BAR, INC.**

Principal Place of Business Mailing Address  
 1266 OLD STICKNEY PT RD 432 BELLINI CIRCLE  
 SARASOTA FL 34242 NOKOMIS FL 34275-1419  
 US

2. Principal Place of Business 3. Mailing Address  
**432 BELLINI CIR**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**NOKOMIS FL**  
 Zip Country Zip Country  
**34275 USA**

4. FEI Number **65-0693873** Applied For  
 Not Applicable

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

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

**SHAPIRO, RICHARD A**  
**2063 MAIN STREET**  
**SARASOTA FL 34237**

**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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 ☐ Delete  
 NAME **PRESIDENT**  
 STREET ADDRESS **BLOOM, MARTIN**  
 CITY-ST-ZIP **416 PICASSO ST. NOKOMIS FL**

TITLE ☐ Delete  
 NAME **VP**  
 STREET ADDRESS **BLOOM, MICHAEL**  
 CITY-ST-ZIP **809 OAK POND DR OSPREY FL 34229**

TITLE ☐ Delete  
 NAME **ST**  
 STREET ADDRESS **BLOOM, MICHAEL**  
 CITY-ST-ZIP **809 OAK POND DR OSPREY FL 34229**

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 **MARTIN BLOOM** Date **1/27/00** Daytime Phone # **941-866-8158**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)