

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 29, 2001 8:00 am
Secretary of State

06-29-2001 90005 036 ***150.00

DOCUMENT # **P96000033722**

1. Entity Name
First Coast Restaurant Group, Inc.

(10)

Principal Place of Business
9951 Atlantic Blvd. Ste #235
Jacksonville, FL 32225

Mailing Address
Peter Barli
9951 Atlantic Blvd. #235
Jacksonville, FL 32225

A0075415

DO NOT WRITE IN THIS SPACE

Principal Place of Business
9951 Atlantic Blvd.

3. Mailing Address

Suite, Apt. #, etc.
Ste #235

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State

FEI Number
52-1994017

Applied For

Not Applicable

Zip
32225

Country
U.S.

Zip

Country

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

CT Corporation System
1200 S. Pine Island Rd.
Plantation, FL 33324

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
Abinger, Frank S
9840 Atlantic Blvd.
Jacksonville, FL 32225

TITLE ☐ Change ☐ Addition
Sec Peter Barli
9951 Atlantic Blvd Ste #235
Jacksonville, FL 32225

TITLE ☐ Delete
Smith, F.B.
1644 Duke of Windsor Rd.
Virginia Beach, VA 23454

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
Barli, Peter
9840 Atlantic Blvd.
Jacksonville, FL 32225

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/01 904725 0887

CR2E034 (11/00)