

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90104 003 \*\*\*150.00

**DOCUMENT # P96000053722**

1. Entity Name  
**FIRST COAST RESTAURANT GROUP, INC.**



Principal Place of Business  
**9951 ATLANTIC BLVD  
SUITE 234  
JACKSONVILLE FL 32225  
US**

Mailing Address  
**PETER BARLI  
9951 ATLANTIC BLVD, SUITE 234  
JACKSONVILLE FL 32225**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

*Suite 234*

Suite, Apt. #, etc.

*Suite 234*

City & State

City & State

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

4. FEI Number **52-1994017**

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

**C T CORPORATION SYSTEM  
1200 SOUTH 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. 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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ATTINGER, FRANK S</b>	
STREET ADDRESS	<b>9840 ATLANTIC BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, F. BEAVEN</b>	
STREET ADDRESS	<b>1644 DUKE OF WINDSOR RD</b>	
CITY-ST-ZIP	<b>VIRGINIA BEACH VA 23454</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>BARLI, PETER</b>	
STREET ADDRESS	<b>9951 ATLANTIC BLVD, SUITE 235</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date: *3/14/03* Daytime Phone #: *904 725 0887*

CR2E034 (10/02)