

UNIFORM BUSINESS REPORT (UBR)

10F2

DOCUMENT # 796000058892

1. Entity Name
CAMPONILE RESTAURANT GROUP, INC.
D/B/A BISTRO 41

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 24 PM 3:37

Principal Place of Business
13499 U.S. 41 SOUTH
FT. MYERS, FL 33907

Mailing Address
13499 U.S. 41 SOUTH
FT. MYERS, FL 33907

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE
DATE INCORPORATED 1/30/1997

4. FFI Number
65-0685331

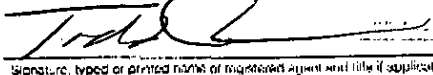
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
TODD JOHNSON
2389 PINEWOOD CIRCLE
NAPLES, FL 34105

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  5/1/2000
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) ☐ **ANNUAL FEE IS \$50.00** **May 1, 2000 Fee will be \$50.00** **Make Check Payable to Department of State** **10. Election Campaign Financing** **\$5.00 May Be Added to Fees** ☐ **Trust Fund Contribution**

11. OFFICERS AND DIRECTORS		
TITLE	☐ Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
☐ Change	☐ Addition	
TITLE		
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:  5/1/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

2052

BISTRO 41

13499 U S 41 South
THE BELL TOWER SHOPS
FT. MYERS, FLORIDA 33907

Telephone (941)466-4141
Fax (941)466-5592

May 1, 2000

Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

Re: Camponile Restaurant Group, Inc. DBA Bistro 41
FEI Number 65-0685331

We have never received The Corporation Annual Report and after several attempts to have a form sent to us we were finally able to receive the enclosed from an accountant. We would appreciate your consideration in waiving the reinstatement fee.

Sincerely,

Todd Johnson
Owner

