2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 16, 2000 8:00 am Secretary of State DOCUMENT # **P96000059843** 1. Entity Name SIDELINES BAR AND GRILL OF APOLLO BEACH, INC. 02-16-2000 90118 008 ***150.00 Principal Place of Business Mailing Address 250 APOLLO BEACH BLVD. 250 APOLLO BEACH BLVD. APOLLO BEACH FL 33572 APOLLO BEACH FL 33572-2260 061111 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3389413 Not A. Country Zip Country Zip **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRIEDRICH, RON F Street Address (P.O. Box Number is Not Acceptable) 6407 LAKE SUNRISE DRIVE APOLLO BEACH FL 33572 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible - 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. Atter MAY-1-2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change Addition TITLE ☐ Delete FRIEDRICH, RON F NAME NAME 6407 LAKE SUNRISE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP APOLLO BEACH FL 33572 CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Defete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Oelete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 leport 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 be 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 attachny

SIGNATURE