

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000087041

1. Entity Name
FLANAGAN'S OF CLEARWATER, INC.

Principal Place of Business

1225 KASS CIR
SPRING HILL FL 34606
US

Mailing Address

1225 KASS CIR
SPRING HILL FL 34606
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State
BROOKSVILLE FLORIDA

Zip

Country

7221 TOLEDO RD

34606

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3406674

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

FLANAGAN, MARGARET
1225 KASS CIR
SPRING HILL FL 34606

Name FLANAGAN MARGARET

Street Address (P.O. Box Number is Not Acceptable)
7221 TOLEDO RD

City BROOKSVILLE FL Zip Code 34606

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 ME Flanagan
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/9/01

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 P
NAME FLANAGAN, PATRICK M
STREET ADDRESS 1225 KASS CIR
CITY-ST-ZIP SPRING HILL FL 34606 ☐ Delete

TITLE P
NAME FLANAGAN, PATRICK M
STREET ADDRESS 7221 TOLEDO RD
CITY-ST-ZIP BROOKSVILLE FL 34606 ☒ Change ☐ Addition

TITLE VSTD
NAME FLANAGAN, MARGARET E
STREET ADDRESS 1225 KASS CIR
CITY-ST-ZIP SPRING HILL FL 34606 ☐ Delete

TITLE
NAME FLANAGAN MARGARET E
STREET ADDRESS 7221 TOLEDO RD
CITY-ST-ZIP BROOKSVILLE FL 34606 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: ME Flanagan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/01

CR2E034 (10/00)