

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90013 047 ***150.00

COD74454

1. Entity Name
Hooters of Brickell, Inc.

Principal Place of Business
**300 SW 1st Ave
 Ste 202
 Ft LAUDERDALE 33301**

Mailing Address
**4411 Cleveland Ave
 Ft MYERS, FL 33901**

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

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

4. FEI Number
65-0729554

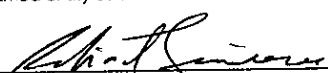
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**GARGANO, ANTHONY J
 2015 W First St, Ste 203
 Ft MYERS, FL 33901**

7. Name and Address of New Registered Agent
 Name **RICHARD J SIMEONE**
 Street Address (P.O. Box Number is Not Acceptable)
436 S. ANDREWS Ave
 City **Ft LAUDERDALE** FL Zip Code **33301**

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  **RICHARD J. SIMEONE** DATE **4/20/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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		
TITLE	DCEO	<input type="checkbox"/> Delete
NAME	LAGESCHWITZ, DAVID	
STREET ADDRESS	4411 CLEVELAND AVE	
CITY-ST-ZIP	Ft MYERS, FL 33901	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	LYNCH, PAUL	
STREET ADDRESS	4411 Cleveland Ave	
CITY-ST-ZIP	Ft MYERS, FL 33901	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BRAWNER, TERRY	
STREET ADDRESS	4411 Cleveland Ave	
CITY-ST-ZIP	Ft MYERS, FL 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	REANIER, DALE R.	
STREET ADDRESS	4411 Cleveland Ave	
CITY-ST-ZIP	Ft MYERS, FL 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLINBENSMITH, KIT A.	
STREET ADDRESS	4411 Cleveland Ave	
CITY-ST-ZIP	Ft MYERS, FL 33901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Paul Lynch** DATE **4/21/00** **941-275-6339**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR