

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000000471

Name

LIQUIRI BAR OF BRICKELL, INC.

Principal Place of Business

SW 1st Ave  
G-133  
LAUD, FL 33301

Mailing Address

4411 Cleveland Ave  
Ft Myers, FL 33901

Principal Place of Business

3. Mailing Address

Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0729539

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GARGANO, ANTHONY  
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 LAUD

FL

Zip Code

33301

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.

RICHARD J. SIMEONE

DATE

4/20/00

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

DCED LAGESCHULTE, DAVID 4411 Cleveland Ave Ft Myers, FL 33901	<input type="checkbox"/> Delete
DP BRAWNER, TERRY 4411 Cleveland Ave Ft Myers, FL 33901	<input type="checkbox"/> Delete
DST LYNCH, PAUL 4411 Cleveland Ave Ft Myers, FL 33901	<input type="checkbox"/> Delete
 	<input type="checkbox"/> Delete
 	<input type="checkbox"/> Delete
 	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

Date

941-275-6339

Daytime Phone #

CR2E034 (9/99)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90948 045 \*\*\*150.00

100825

DO NOT WRITE IN THIS SPACE