

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90090 010 \*\*\*150.00

DOCUMENT # P97000064557

1. Corporation Name

STATESIDE RESTAURANT & BAR, INC.

Principal Place of Business

ONE S.E. THIRD AVENUE  
SUITE 1400  
MIAMI FL 33131

Mailing Address

% BLASS & FRANKEL, P.A.  
ONE S.E. 3RD AVENUE, SUITE 1400  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1997

4. FEI Number

59-3459246

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 Suite 2130  
City & State

27 Suite 2130  
City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COPROLITE CORPORATION  
ONE S.E. THIRD AVENUE  
SUITE 1400  
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Suite 2130

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME DAY, CHRISTOPHER  
STREET ADDRESS 9800 BONITA BEACH ROAD SE  
CITY-ST-ZIP BONITA SPRINGS FL 34135

1.1 TITLE V/S/D ☒ Change ☒ Addition  
1.2 NAME Day, Christopher  
1.3 STREET ADDRESS 9800 Bonita Beach Road SE  
1.4 CITY-ST-ZIP Bonita Springs, FL 34135

TITLE D ☐ DELETE  
NAME DAY, VIVIANNE  
STREET ADDRESS 9800 BONITA BEACH ROAD SE  
CITY-ST-ZIP BONITA SPRINGS FL 34135

2.1 TITLE P/T/D ☐ Change ☒ Addition  
2.2 NAME Day, Vivienne  
2.3 STREET ADDRESS 9800 Bonita Beach Road SE  
2.4 CITY-ST-ZIP Bonita Springs, FL 34135

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

W. Christopher Day, Director 4/14/99 941-992-5001

CR2E034 (1/1/98)