

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078164

1. Entity Name

HOOTERS OF KEY WEST, INC.

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

05-16-2000 90013 046 ***150.00

Principal Place of Business

227 Duval St.
Key West, FL 33040

Mailing Address

4411 Cleveland Ave
Ft MYERS, FL 33901

2. Principal Place of Business

4411 Cleveland Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ft MYERS, FL

City & State

Zip

33901

Country

Country

4. FEI Number

65-0818797

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

C0074455

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GARBANO, 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. Simone
Signature (Typed or printed name of registered agent and fee if applicable)

RICHARD J. SIMEONE

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐

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	LAGESCHULTE, 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
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

License #

Paul W. Hooters

4/21/00

941-275-6389