

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080246

1. Entity Name

GATORZ SOUTHERN ROCK CAFE, INC.

Principal Place of Business

3816 TAMiami TrL.  
PT. CHARLOTTE FL 33952

Mailing Address

3816 TAMiami TrL.  
PT. CHARLOTTE FL 33952-8353

2. Principal Place of Business

509 E. BRANDON BLVD  
Suite, Apt. #, etc.

3. Mailing Address

509 E. BRANDON BLVD  
Suite, Apt. #, etc.

City & State  
BRANDON, FLA

Zip  
33511

Country  
U.S.A.

City & State  
BRANDON, FLA,

Zip  
33511

Country  
U.S.A.

6. Name and Address of Current Registered Agent

SPIELDENNER, MARK  
3816 TAMiami TrL.  
PT. CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DST SPIELDENNER, PATRICK 3816 TAMiami TrL. PT. CHARLOTTE FL 33952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SPIELDENNER, TIMOTHY 3816 TAMiami TrL. PT. CHARLOTTE FL 33952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SPIELDENNER, MARK 3816 TAMiami TrL. PT. CHARLOTTE FL 33952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SPIELDENNER, TIMOTHY 3816 TAMiami TrL. PT. CHARLOTTE FL 33952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90061 001 \*\*\*150.00

948256



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

4-20-00 913 662-1557