

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000083298

1. Entity Name

DANCING BEAR RESTAURANTS, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90086 014 \*\*\*150.00

Principal Place of Business

333 E LAS OLAS BLVD  
FT. LAUDERDALE FL 33301  
US

Mailing Address

333 E LAS OLAS BLVD  
FT. LAUDERDALE FL 33301  
US

2. Principal Place of Business

110 E. Broward Blvd.  
Suite, Apt. #, etc.  
Suite 1400

3. Mailing Address

P.O. Box 029006  
Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL.

City & State

Fort Lauderdale, FL.

Zip

33301

Country

USA

Zip

33302

Country

USA

4. FEI Number

65-0786162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, DENNIS D  
110 SOUTHEAST 6TH STREET, 15TH FLOOR  
FT. LAUDERDALE FL 33301

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, 2001 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 DVPT ☐ Delete

NAME SMITH, GRANT J  
STREET ADDRESS 333 E LAS OLAS BLVD  
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE DVPS ☐ Delete

NAME SMITH, ELIZA E  
STREET ADDRESS 333 E LAS OLAS BLVD  
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS 110 E. Broward Blvd. Suite 1400  
CITY-ST-ZIP Fort Lauderdale, FL. 33301

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS 110 E. Broward Blvd. Suite 1400  
CITY-ST-ZIP Fort Lauderdale, FL. 33301

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 receiver 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 #

CR2E034 (10/00)