

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 13, 2002 8:00 am**  
**Secretary of State**

06-13-2002 90384 018 \*\*\*150.00

**DOCUMENT # P97000102622**

1. Entity Name  
**SOUTHBRIDGE RESTAURANT COMPANY**

Principal Place of Business

1500 STICKNEY PT RD  
 #601  
 SARASOTA FL 34231  
 US

Mailing Address

6101 MIDNIGHT PASS ROAD  
 SARASOTA FL 34242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0800818

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERREAULT, GEORGE**  
**6101 MIDNIGHT PASS ROAD**  
**SARASOTA FL 34242**

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

4-24-02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP  
**PERREAULT, GEORGE C**  
**6101 MIDNIGHT PASS ROAD**  
**SARASOTA FL 34242**

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP  
**SECRETARY**  
**CALDWELL, MICHAEL**  
**6101 MIDNIGHT PASS RD**  
**SARASOTA, FL 34242**

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP  
**PRESIDENT**

☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

☐ Change ☐ 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

4-24-02

Date

Signature

CR05034 10/01



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

June 3, 2002

THE SUMMERHOUSE RESTAURANT ENTERPRISES, INC.  
6101 MIDNIGHT PASS ROAD  
SIESTA KEY, FL 34242

Subject: **THE SUMMERHOUSE RESTAURANT ENTERPRISES, INC.**

Reference Number: **000000715550**

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Due to the volume of mail received in this office **both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.**

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/bg  
ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

*Attachment  
118033*

*Attached is a copy  
of our report which was  
sent with the payment  
in April. Thank You.  
G. for W. Doran*