

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000002818

1. Entity Name

BONGO'S II INC.

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90034 004 ***150.00

Principal Place of Business

4132 41 CIRCLE SOUTH
ST PETERSBURG FL 33711
US

Mailing Address

4132 41 CIRCLE SOUTH
ST PETERSBURG FL 33711-4260
US

2. Principal Place of Business

Tropicana Field
Suite, Apt. #, etc.

3. Mailing Address

4132 41st Cir S.
Suite, Apt. #, etc.

City & State

St. Pete, FL

City & State

St Pete FL 3

Zip

33711

Country

US

Zip

33711

Country

US

4. FEI Number

59-3490036

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAHAM, MARK A
4132 41ST CIRCLE SOUTH
SAINT PETERSBURG FL 33711

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

4-19-00

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 P ☐ Delete
NAME GRAHAM, MARK A
STREET ADDRESS 4132 41ST CIRCLE SOUTH
CITY-ST-ZIP SAINT PETERSBURG FL 33711

TITLE VP ☐ Delete
NAME GRAHAM, NICOLE
STREET ADDRESS 4132 41ST CIRCLE SOUTH
CITY-ST-ZIP SAINT PETERSBURG FL 33711

TITLE VP ☐ Delete
NAME MALOGRIDES, CRAIG
STREET ADDRESS 1209 PASS A GRILL WAY
CITY-ST-ZIP SAINT PETERSBURG FL 33701

TITLE VP ☐ Delete
NAME MALOGRIDES, GAYLE
STREET ADDRESS 1209 PASS A GRILL WAY
CITY-ST-ZIP SAINT PETERSBURG FL 33702

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
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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 #

4-19-00 (727) 865-6065

CR200034 (9/00)