

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024008

1. Entity Name

SOMEWHERE BARS & GRILLS OF FLORIDA INC

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90917 004 \*\*\*150.00

Principal Place of Business

Mailing Address

323 PAGE BACON ROAD  
 UNIT 2  
 MARY ESTHER FL 32569  
 US

323 PAGE BACON ROAD  
 UNIT 2  
 MARY ESTHER FL 32569-1669  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3504675

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KOMOROSKI, FRANK R  
 429 PAGE BACON RD STE 143  
 MARY ESTHER FL 32569

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME KOMOROSKI, FRANK R  
 STREET ADDRESS 376 OAKLAND CIRCLE  
 CITY-ST-ZIP FT WALTON BEACH FL 32569

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

TITLE ☐ Delete  
 NAME KOMOROSKI, ROBERT E  
 STREET ADDRESS P O BOX 5535  
 CITY-ST-ZIP NAVARRE FL 32566

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

TITLE ☐ Delete  
 NAME VP  
 STREET ADDRESS LOGERWELL, MARY C  
 CITY-ST-ZIP 110 BENASS S STREET  
 FT WALTON BEACH FL 32548

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 true empowered.

SIGNATURE:

*Frank R Komoroski*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-28-2000

850-301-0868

CR2E034 (9/99)