

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031512

1. Entity Name

FIRST COAST RESTAURANTS, INC.

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90008 022 \*\*\*150.00

Principal Place of Business

Mailing Address

~~205 6TH STREET~~ **2565 Mayport Rd**  
ATLANTIC BEACH FL 32233  
US

P.O. BOX 422  
NEW ALBANY OH 43054-0422  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**2565 Mayport Rd**  
Suite, Apt. #, etc.

**Same as above**  
Suite, Apt. #, etc.

City & State

City & State

**Atlantic Beach FL**

4. FEI Number **31-1593640**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32233**

**USA**

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

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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	PD	<input type="checkbox"/> Delete
NAME	SANFORD, STANLEY J	
STREET ADDRESS	370 GLENSIDE LANE	
CITY-ST-ZIP	POWELL OH 43065	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KISIEL, ROGER W	
STREET ADDRESS	5093 HEATH GATE DRIVE	
CITY-ST-ZIP	NEW ALBANY OH 43054	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KISIEL, SHARON D	
STREET ADDRESS	5093 HEATH GATE DRIVE	
CITY-ST-ZIP	NEW ALBANY OH 43054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 on 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

**March 9, 2000**  
614-855-5021

Date

Daytime Phone #

CR2E034 (9/99)