

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040538

1. Entity Name

COURTYARD GRILL, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90195 001 ***150.00

Principal Place of Business

11970 SE DIXIE HWY
SUITE 4
HOBE SOUND FL 33455

Mailing Address

136 RIDGE ROAD
JUPITER FL 33477

2. Principal Place of Business

3. Mailing Address

11970 SE Dixie hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hobe Sound FL

Zip

Country

Zip

Country

33455 USA

4. FEI Number 65-1007212

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

PATRICK, DOUGLAS L
136 RIDGE ROAD
JUPITER FL 33477

Name

Raffaele Santarpia

Street Address (P.O. Box Number is Not Acceptable)

11970 SE Dixie hwy

City Hobe Sound

FL

Zip Code

33455

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

Raffaele Santarpia - President x

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
PATRICK, VIRGINIA C
136 RIDGE ROAD
JUPITER FL 33477 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Raffaele Santarpia
11970 SE Dixie hwy
Hobe Sound FL 33455 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 #

4/30/01 561-546-2900

CR2E034 (10/00)