

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90034 002 ***150.00

DOCUMENT # P98000054718

1. Entity Name

NEW HMS STEAKHOUSE OF ALTAMONTE, INC.

Principal Place of Business

**4744 NORTH DALE MABRY
TAMPA FL 33614**

Mailing Address

**4744 NORTH DALE MABRY
TAMPA FL 33614**

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

59-3517124

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SELTZER, HAROLD J
4744 NORTH DALE MABRY
TAMPA FL 33614**

7. Name and Address of New Registered Agent

Holliday, Ronald Esq

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

Viper Rudnick LLP

101 E KENNEDY BLVD, SUITE 2000

City
Tampa

FL

Zip Code
33602-5149

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	SELTZER, HAROLD J	
STREET ADDRESS	4744 NORTH DALE MABRY	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	<input type="checkbox"/> Delete
NAME	SELTZER, MICHAEL	
STREET ADDRESS	4744 N DALE MABRY	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELTZER, Harold	
STREET ADDRESS	4806 CULBREATH ISLES WAY	
CITY-ST-ZIP	Tampa FL 33629	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELTZER, MICHAEL	
STREET ADDRESS	4744 N DALE MABRY	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Seltzer

Date

Daytime Phone #

04/19/02 813-873-7267