FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069602

1. Entity Name

ISLAND BISTRO, INC.

DO NOT WRITE IN THIS SPACE

80058608

2. Principal Place of Business
6600 GULF DR

Suite, Apt. #, etc.

3. Mailing Address
6600 GULF DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HOLMES BEACH, FL

Zip 34217   Country

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HOLMES BEACH, FL

Zip 34217   Country

4. FEI Number
65-0877312

Applied For
Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
GREENE, ROBERT F.

Street Address (P.O. Box Number is Not Acceptable)
1301 6th AVE W

City
BRADENTON   FL   Zip Code 34205

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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	PT	TITLE		
NAME	MURPHY, THOMAS W.	NAME		
STREET ADDRESS	6600 GOLF DRIVE	STREET ADDRESS		
CITY-ST-ZIP	HOLMES BEACH, FL 34217	CITY-ST-ZIP		
TITLE	VPS	TITLE		
NAME	BERGER, DAVID	NAME		
STREET ADDRESS	1310 HILLVIEW DR	STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34239	CITY-ST-ZIP		
TITLE		TITLE		
NAME		NAME	**DO NOT WRITE**	
STREET ADDRESS		STREET ADDRESS	**IN THIS SPACE**	
CITY-ST-ZIP		CITY-ST-ZIP		
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STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		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 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 #

CR2E034B (12/01)