## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # **P98000070499** Apr 07, 2000 8:00 am Secretary of State 1. Entity Name DURANGO STEAKHOUSE OF GAINESVILLE, INC. 04-07-2000 90021 008 \*\*\*150.00 Principal Place of Business Mailing Address ONE PROGRESS PLAZA ONE PROGRESS PLAZA 200 CENTRAL AVE. STE 2300 200 CENTRAL AVE. STE 2300 ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701-4353 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3537900 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MORRIS, GREGORY D Street Address (P.O. Box Number is Not Acceptable) 2325 ULMERTON RD SUITE 20 **CLEARWATER FL 33762** Zip Code City 8. The above named entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida SIGNATURE me of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME BULLARD, FRED B NAME STREET ADDRESS 2325 ULMERTON RD, STE 20 STREET ADORESS CITY-ST-ZIP CITY-ST-7IP CLEARWATER FL 33762 Change ☐ Addition ☐ Delete TITLE BULLARD, KAROL K NAME NAME STREET ADDRESS STREET ADDRESS 2325 ULMERTON RD, STE 20 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33762** Change ☐ Addition TITLE ☐ Delete TITLE MORRIS, GREGORY NAME NAME 2325 ULMERTON RD, STE 20 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33762** CITY-ST-ZIP ☐ Addition ☐ Change □ Del∈te TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change □ Addition TITLE Delete TITLE NAME NAME ' 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 Block 12 if changed, or on an attachment with an address, with all other like empowered