

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90224 044 \*\*\*150.00

**DOCUMENT # P98000070499**

**1. Entity Name**  
**DURANGO STEAKHOUSE OF GAINESVILLE, INC.**



**Principal Place of Business**  
**ONE PROGRESS PLAZA**  
**200 CENTRAL AVE. STE 2300**  
**ST. PETERSBURG FL 33701**

**Mailing Address**  
**ONE PROGRESS PLAZA**  
**200 CENTRAL AVE. STE 2300**  
**ST. PETERSBURG FL 33701**



**2. Principal Place of Business**  
**2325 ULMERTON RD., Ste. 20**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**2325 ULMERTON RD., Ste. 20**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

**City & State**  
**Clearwater, Florida**

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**Clearwater, Florida**

**4. FEI Number** **59-3537900**

**Applied For**  
**Not Applicable**

**Zip** **33762** **Country** **Pinellas**

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**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**

**MORRIS, GREGORY D**  
**2325 ULMERTON RD**  
**SUITE 20**  
**CLEARWATER FL 33762**

**Name** **CFRA, LLC**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**777 South Harbour Island Boulevard, 5th Floor**  
**City** **Tampa** **FL** **Zip Code** **33602-5730**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

**Joel B. Giles**  
(NOTE: Registered Agent signature required when reinstating)

**April 9, 2003**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **BULLARD, FRED B**  
**STREET ADDRESS** **2325 ULMERTON RD, STE 20**  
**CITY-ST-ZIP** **CLEARWATER FL 33762**

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

**TITLE** **D** ☐ Delete  
**NAME** **BULLARD, KAROL K**  
**STREET ADDRESS** **2325 ULMERTON RD, STE 20**  
**CITY-ST-ZIP** **CLEARWATER FL 33762**

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

**TITLE** **V** ☐ Delete  
**NAME** **MORRIS, GREGORY**  
**STREET ADDRESS** **2325 ULMERTON RD, STE 20**  
**CITY-ST-ZIP** **CLEARWATER FL 33762**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *[Signature]* **Fred B. Bullard, Jr.,** **April 14, 2003**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Director**

Date Daytime Phone #

CR2E034 (10/02)