## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

## May 11, 2001 8:00 am Secretary of State DOCUMENT # **P98000087970** SOUTH STREET TAVERN & GRILL, INC. 05-11-2001 90005 019 \*\*\*150.00 Principal Place of Business Mailing Address 9720 DEER LAKE CT. 9720 DEER LAKE CT. JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3539202 Not Applicac e Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GEORGE, RICHARD D JR. Street Address (P.O. Box Number is Not Acceptable) 10150 BELLE RIVE, #1409 JACKSONVILLE FL 32256 City Zio Code FL 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 Florica. Signature, typed or printed name 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, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN \*\*\* тица ☐ Delete TITLE Addit on GEORGE, RICHARD D JR. NAME NAME STREET ADDRESS 10150 BELLE RIVE, #1409 STREET ADDRESS CITY ST-ZIP JACKSONVILLE FL 32256 CITY-ST-7IP THEE ☐ Delete TITLE ☐ Change ☐ Addition RENAE D. Black MAME NAME 1552 PEACHTREE CR. SO STREET ADDRESS STREET ADDRESS CITY-ST-ZP JACKSONVILLE, Flo. 32207 CITY-ST-ZIP Delete 71718 TITLE ☐ Change Addition GRAHAM BLADE. NAME MAME 4241 SnowdEN LANE STREET ADDRESS STREET ADDRESS CHY-ST-78 JACKSONVIllE, FA. 32225 CITY-ST-ZIP TITLE Change ☐ Addition TITLE MAME NAME STREET ADORESS STREET ADDRESS C'TY-ST-ZiP CITY-ST-ZIP TITLE Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS DIFY ST ZIP CITY-S1-ZIP TATUE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CHY-ST-Z'P 13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 eath; 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

3-1-01 904-996-8887