

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-16-2003 90224 043 \*\*\*150.00

**DOCUMENT # P98000087994**

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



Principal Place of Business  
**200 CENTRAL AVE STE 2300  
ST PETERSBURG FL 33701**

Mailing Address  
**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.

City & State  
**Clearwater, Florida**

City & State  
**Clearwater, Florida**

Zip Country  
**33762 Pinellas**

Zip Country  
**33762 Pinellas**

4. FEI Number **59-3537903**

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

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]* **Joel B. Giles** **April 9, 2003**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ Addition  
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Fred B. Bullard, Jr., April 14, 2003**

Director

Date

Daytime Phone #

CR2E034 (10/02)