

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097829

1. Entity Name

BAYSHORE RESTAURANT GROUP, INC.

FILED

Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90009 001 ***150.00

Principal Place of Business

Mailing Address

~~9870 TAMPA RD~~
~~STE D~~
~~OLDSMAR FL 34677~~

~~9870 TAMPA RD~~
~~STE D~~
~~OLDSMAR FL 34677-3120~~

2. Principal Place of Business

3. Mailing Address

5002 S. MAC DILL AVE
Suite, Apt. #, etc.
Tampa, FL
City & State

5002 S. MAC DILL AVE
Suite, Apt. #, etc.
Tampa, FL
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3540777

Applied For

Not Applicable

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

QUINTANA, KENNETH C
2807 OLD BAYSHORE WAY
TAMPA FL 33611

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	QUINTANA, KENNETH C	
STREET ADDRESS	2807 OLD BAYSHORE WAY	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	DV	<input type="checkbox"/> Delete
NAME	AGRI, JONATHAN S	
STREET ADDRESS	2802 N POINT	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BLEAKLEY, DALE E	
STREET ADDRESS	2957 EAGLE ESTATES CIR E	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonathan Agri

Date

Daytime Phone #

3-28-00 805-7207