

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105534

1. Entity Name

B & L RESTAURANTS, INC.

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90079 008 ***150.00

Principal Place of Business	Mailing Address
4678 LONGLAKE DRIVE SARASOTA FL 34231	4678 LONGLAKE DRIVE SARASOTA FL 34233-1911

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0885730	Applied For
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PASQUALI, BRUNO 4678 LONGLAKE DRIVE SARASOTA FL 34231	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 _____ (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	D PRESIDENT	TITLE	
NAME	PASQUALI, BRUNO	NAME	
STREET ADDRESS	4678 LONGLAKE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	CITY-ST-ZIP	
TITLE	TOM, LUG	TITLE	
NAME	TOM, LUG	NAME	
STREET ADDRESS	4678 LONGLAKE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	CITY-ST-ZIP	
TITLE	VICE PRESIDENT	TITLE	
NAME	ANTONIO EUGENIO	NAME	
STREET ADDRESS	112 DE GAS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	NOVOMIS, FL 34275	CITY-ST-ZIP	
TITLE	MICHAEL E O'NEILL	TITLE	
NAME	SECRETARY TREASURER	NAME	
STREET ADDRESS	836 S. DELAWARE AVE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33606	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT
1-20-2000 941-9260

Date

Daytime Phone #