

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105534

1. Entity Name

B & L RESTAURANTS, INC.

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90118 045 \*\*\*158.75

Principal Place of Business

Mailing Address

~~4678 LONGLAKE DRIVE~~  
SARASOTA FL 34231

~~4678 LONGLAKE DRIVE~~  
SARASOTA FL 34231

2. Principal Place of Business

4155 SOUTH TAMiami TR.

3. Mailing Address

1538 STICKNEY PT RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SARASOTA

SARASOTA

City & State

City & State

FLORIDA

FLORIDA

Zip

Country

Zip

Country

34231

SARASOTA

34231

SARASOTA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PASQUALI, BRUNO

~~4678 LONGLAKE DRIVE~~  
SARASOTA FL 34231

1538 STICKNEY PT. RD.

Name PASQUALI BRUNO

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

1538 STICKNEY PT. RD.

SARASOTA

City

SARASOTA

FL

Zip Code

34231

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-2001

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, 2001 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  
NAME PASQUALI, BRUNO  
STREET ADDRESS 4678 LONGLAKE DRIVE  
CITY-ST-ZIP SARASOTA FL 34231 ☐ Delete

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

TITLE VP  
NAME EUGENIO, ANTONIO  
STREET ADDRESS 112 DEGAS DR  
CITY-ST-ZIP NOKOMIS FL 34275 ☐ Delete

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

TITLE ~~ST~~  
NAME ~~ONEER, MICHAEL~~  
STREET ADDRESS ~~836 S DELAWARE AVE~~  
CITY-ST-ZIP ~~TAMPA FL 33686~~ ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

PRES - 20-2001 941-927-9600  
BRUNO PASQUALI PRES. Daytime Phone #

CR2E034 (10/00)