

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90231 033 ***150.00

DOCUMENT # P98000105950

1. Entity Name
ISLAND RESTAURANT PROPERTIES, INC.



Principal Place of Business
**695 TARPON BAY RD. SUITE 7
SANIBEL ISLAND FL 33957**

Mailing Address
**P O BOX 716
SANIBEL ISLAND FL 33957**



2. Principal Place of Business
**2430 PERIWINKLE WAY
Suite, Apt. #, etc.
SUITE B**

3. Mailing Address
Suite, Apt. #, etc.

City & State
SANIBEL ISLAND, FL

City & State

4. FEI Number **65-0889890**

Applied For
Not Applicable

Zip
33957

Country

Zip

Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ARMENIA, JOHN
695 TARPON BAY RD, SUITE 7
SANIBEL ISLAND FL 33957**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
**2430 PERIWINKLE WAY
SUITE B**

City
SANIBEL ISLAND

FL

Zip Code
33957

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 _____ (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 **PD** ☒ Delete
NAME **ARMENIA, JOHN**
STREET ADDRESS **695 TARPON BAY RD, SUITE 7**
CITY-ST-ZIP **SANIBEL ISLAND FL 33957**

TITLE **VSD** ☒ Delete
NAME **MUCCIGA, ANDREA**
STREET ADDRESS **695 TARPON BAY RD, SUITE 7**
CITY-ST-ZIP **SANIBEL ISLAND FL 33957**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **PD** ☐ Change ☒ Addition
NAME **ARMENIA, JOHN**
STREET ADDRESS **2430 PERIWINKLE WAY, SUITE B**
CITY-ST-ZIP **SANIBEL ISLAND, FL 33957**

TITLE **VSD** ☐ Change ☒ Addition
NAME **MUCCIGA, ANDREA**
STREET ADDRESS **2430 PERIWINKLE WAY, SUITE B**
CITY-ST-ZIP **SANIBEL ISLAND, FL 33957**

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

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

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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: *John Armenia* **REQUIRED** **JOHN ARMENIA, PRESIDENT** **4-10-2003** **239-395-9300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)