

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107706

1. Entity Name

GALLAGHER'S STEAKHOUSE-GRAND CENTRAL OYSTER BAR

Principal Place of Business

1301 N BAY TERRACE  
N BAY VILLAGE FL 33141  
US

Mailing Address

1301 N BAY TERRACE  
N BAY VILLAGE FL 33141-4002  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0885140

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

FEINER, ROD A  
1318 SOUTHEAST 2ND AVENUE  
FORT LAUDERDALE FL 33316

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 PD ☐ Delete  
NAME BRODY, JEROME  
STREET ADDRESS 11111 BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL

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

TITLE ~~TD~~ ☐ Delete  
NAME BRODY, MARLENE  
STREET ADDRESS 11111 BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL

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

TITLE VPD ☐ Delete  
NAME BRADY, JAMES C  
STREET ADDRESS 1318 S.E. 2ND AVENUE  
CITY-ST-ZIP FT LAUDERDALE FL 33316

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

TITLE D ☒ Delete  
NAME RAPPORT, CARM  
STREET ADDRESS 436 UNION STREET  
CITY-ST-ZIP HUDSON-NY 12534

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

TITLE D. TR. ☐ Delete  
NAME FRANK SBLONDIDO  
STREET ADDRESS 7601 ETCASUM DR. APT 7311  
CITY-ST-ZIP North Bay Village FL 33141

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

TITLE VP ☐ Delete  
NAME BRYAN REIDY  
STREET ADDRESS 104 FIORAL BLVD-  
CITY-ST-ZIP FIORAL PK. NY 11001

TITLE ☐ Change ☐ Addition  
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

Date

Daytime Phone #

**FILED**  
**Jan 13, 2000 8:00 am**  
**Secretary of State**

01-13-2000 90006 038 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)