

DOCUMENT # P98000107706

1. Entity Name

GALLAGHER'S STEAKHOUSE-GRAND CENTRAL OYSTER BAR

Principal Place of Business

Mailing Address

1301 N BAY TERRACE
N BAY VILLAGE FL 33141
US

1301 N BAY TERRACE
N BAY VILLAGE FL 33141
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, 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 ☐ Delete
NAME BRODY, JEROME
STREET ADDRESS 11111 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1301 Bay Terrace
CITY-ST-ZIP MIAMI FL 33141

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1301 Bay Terrace
CITY-ST-ZIP MIAMI FL 33141

TITLE ☐ 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 501 PE 8th ST.
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE ☐ Delete
NAME SELENDIDO, FRANK
STREET ADDRESS 7601 ETREASURE DR. APT #311
CITY-ST-ZIP MIAMI FL 33141

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1455 N TREASURE DR APT 5K
CITY-ST-ZIP MIAMI FL 33141

TITLE ☐ Delete
NAME REIDY, BRYAN
STREET ADDRESS 104 FIDELITY BLVD
CITY-ST-ZIP GLENDALE, NY 11001

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 17, 2001 8:00 am
Secretary of State

01-17-2001 90081 028 ***150.00



DO NOT WRITE IN THIS SPACE

CP2E034 (10/00)