

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001826

1. Entity Name

ISLAND SPORTS BAR & GRILL, INC

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90088 002 \*\*\*150.00

Principal Place of Business

245 E. MERRITT ISLAND CAUSEWAY  
MERRITT ISLAND FL 32952

Mailing Address

245 E. MERRITT ISLAND CAUSEWAY  
MERRITT ISLAND FL 32952-3645

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

59-3549928

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

WEDGEWORTH, Y A  
55 OAK MANOR DR.  
CAPE CANAVERAL FL 32920

Name

Y. Anne WEDGEWORTH

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

410 NEWFOUND HARBOR BLIVE

City

MERRITT ISLAND

FL

Zip Code

32952

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

*Y. Anne Wedgeworth*

Y. ANNE WEDGEWORTH

4/9/2000

Signature, typed or printed name of registered agent acceptable 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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*Y. Anne Wedgeworth*

4/9/2000

(321)  
449-9456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #