

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014594

1. Entity Name

GRECIAN GARDENS RESTAURANT, INC.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90057 003 \*\*\*150.00

Principal Place of Business

3375 W COUNTY HWY 30-A  
SANTA ROSA BEACH FL 32459

Mailing Address

3375 W COUNTY HWY 30-A  
SANTA ROSA BEACH FL 32459-4597

2. Principal Place of Business

Same "

Suite, Apt. #, etc. "

City & State "

Zip "

Country

Walton

3. Mailing Address

Same "

Suite, Apt. #, etc. "

City & State "

Zip

32459

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

593616496

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JAZAYERI,  
3375 W COUNTY HWY 30-A  
SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent

Name

Alexandra Jazayeri

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

3375 W. County H. Wy. 30-A.

Santa Rosa Beach

FL.

City

FL.

Zip Code

32459

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

TITLE D ☐ Delete  
NAME JAZAYERI, ALEXANDRA  
STREET ADDRESS P O BOX 4715 N/A  
CITY-ST-ZIP SEASIDE FL 32459

TITLE D ☐ Delete  
NAME JAZAYERI, GREGORY  
STREET ADDRESS P O BOX 4715 N/A  
CITY-ST-ZIP SEASIDE FL 32459

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

Alexandra Jazayeri

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-00

Date

850-267-3011

Daytime Phone #

CR2E034 (9/99)