

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90067 037 ***150.00

DOCUMENT # P99000016626

1. Entity Name

DEMPSEY'S RESTAURANT, INC.

Principal Place of Business

**241 BRADLEY PL
PALM BEACH FL 33480**

Mailing Address

**241 BRADLEY PL
PALM BEACH FL 33480**

2. Principal Place of Business

50 COCONUT ROW

Suite, Apt. #, etc.

3. Mailing Address

4050 Gulfshore BLVD NO.

Suite, Apt. #, etc.

City & State

Palm Beach, FL

City & State

Naples, FL

Zip

33480

Country

USA

Zip

34003

Country

USA

4. FEI Number

65-0899182

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional -
Fee Required**

6. Name and Address of Current Registered Agent

**CHAUNCEY, HARRISON K JR.
241 BRADLEY PL
PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

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

TITLE **PT** ☐ Delete
NAME **DEMPSEY, GEORGE C**
STREET ADDRESS **4700 POINCIANA WY, APT 104**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **S** ☒ Delete
NAME **CHAUNCEY, HARRISON K JR.**
STREET ADDRESS **4700 POINCIANA WY, APT 104**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

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 **PRESIDENT** ☒ Change ☐ Addition
NAME **ERIC C PATE**
STREET ADDRESS **4050 GULF SHORE BLVD NORTH**
CITY-ST-ZIP **NAPLES, FL 34103**

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

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

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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 reports 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 #

CR2E034 (10/00)