

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90128 038 ***150.00

DOCUMENT # P99000019947

1. Entity Name

GOLD COAST RESTAURANTS, INC.

Principal Place of Business

1111 NORTH WESTSHORE BLVD. SUITE 402
TAMPA FL 33607

Mailing Address

PO BOX 20466
TAMPA FL 33622-0466

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

59-3560616

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EVANS, MICHAEL W
1408 NORTH WESTSHORE BLVD., SUITE 706
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name William A. Long, Jr.
Street Address (P.O. Box Number is Not Acceptable)
1111 North Westshore Blvd., Suite 402
City Tampa FL Zip Code 33607

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]

William A. Long, Jr.
Vice President - Chief Financial Officer

(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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>VP/D</u>
STREET ADDRESS	<u>Greg Smith</u>
CITY-ST-ZIP	<u>1111 No. Westshore Blvd., Ste. 402</u> <u>Tampa, FL 33607</u>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>VP/T/S</u>
STREET ADDRESS	<u>William A. Long, Jr.</u>
CITY-ST-ZIP	<u>1111 No. Westshore Blvd., Ste. 402</u> <u>Tampa, FL 33607</u>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>C/P/D</u>
STREET ADDRESS	<u>Michael W. Evans</u>
CITY-ST-ZIP	<u>1111 No. Westshore Blvd., Ste. 402</u> <u>Tampa, FL 33607</u>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>W. Scott Miller</u>
STREET ADDRESS	<u>100 No. Tampa St., Ste. 2430</u>
CITY-ST-ZIP	<u>Tampa, FL 33602</u>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>D</u>
STREET ADDRESS	<u>James D. Witherington, Jr.</u>
CITY-ST-ZIP	<u>845 Crossover Lane, Ste. 140</u> <u>Memphis, TN 38117</u>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>D</u>
STREET ADDRESS	<u>Louis W. Maclebert, III</u>
CITY-ST-ZIP	<u>1 James Center Ste. 1600</u> <u>Richmond, VA 23219</u>

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William A. Long, Jr. 4-24-00

Date

813-637-8663
Daytime Phone #