

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90207 001 ***300.00

0424485 AV

DOCUMENT # P99000021233

1. Entity Name

JEM RESTAURANT GROUP OF FLORIDA, INC.

Principal Place of Business

**5020 W. CYPRESS ST., STE. 200
TAMPA FL 33607**

Mailing Address

**5020 W. CYPRESS ST., STE. 200
TAMPA FL 33607**

2. Principal Place of Business

FLORIDA

3. Mailing Address

P.O. Box 22246

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CHARLESTON SC

4. FEI Number

59-3565923

Applied For

Not Applicable

Zip

Country

Zip

Country

29413

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MORRIS, ROBERT E

**5020 W. CYPRESS ST., STE. 200
TAMPA FL 33607**

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, 2002 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 ☐ Delete
NAME **D**
STREET ADDRESS **MCGRATH, JOHN**
CITY-ST-ZIP **P.O. BOX 866 N/A
MT. PLEASANT SC 29465**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FRAUENHOLZ, GARY**
CITY-ST-ZIP **P.O. BOX 331215 N/A
ATLANTIC BEACH FL 32233**

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

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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 the like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John McGrath, president

Date

Daytime Phone #

3/22/02 (843) 958-8668

CR2E034 (9/01)