

# 2000 UNIFORM BUSINESS REPORT (UBR)

0084651

DOCUMENT # P990000029894

1. Entity Name

KEY WEST GRILL GAINESVILLE, INC.

FILED

00 APR 17 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4210 N.W. 97TH BLVD.  
GAINESVILLE FL 32606

4210 N.W. 97TH BLVD.  
GAINESVILLE FL 32606-3744

2. Principal Place of Business

3. Mailing Address

P.O. Box 36122

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DAI LAS TX

4. FEI Number

59-3611885

Applied For

Not Applicable

Zip

Country

Zip

Country

75235 USA

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

CRAMER, WILLIAM K  
4210 N.W. 97TH BLVD.  
GAINESVILLE FL 32606

Name

CT Corporation System

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

1200 South Pine Island Dr.

City

PLANTATION

FL

Zip Code

33324

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

*Randy A. Shelley*  
Signature, typed or printed name of registered agent and title if applicable

RANDY A. SHELLEY  
SPECIAL ASSISTANT SECRETARY

3/30/00

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 D ☒ Delete  
NAME CRAMER, WILLIAM K  
STREET ADDRESS 4210 N.W. 97TH BLVD.  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE ☐ Change ☐ Addition  
NAME 500003217185--7  
STREET ADDRESS -04/20/00--01097--002  
CITY-ST-ZIP \*\*\*\*976.25 \*\*\*\*150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Change ☒ Addition  
NAME SAM TALKINGTON  
STREET ADDRESS 8008 Cedar Springs RD #100  
CITY-ST-ZIP DAI LAS TX 75235

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Delete  
NAME  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sam Talkington*  
SAM TALKINGTON

Date

Daytime Phone #

214-351-0054