

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

1/10 COL 10/01

**DOCUMENT # P99000047829**



1. Entity Name  
**HOOTERS OF CRYSTAL LAKE, INC.**

04-21-2003 90346 038 \*\*\*150.00

Principal Place of Business  
**26133 U.S. HIGHWAY 19 NORTH STE. 100  
CLEARWATER FL 33763-2019**

Mailing Address  
**26133 U.S. HIGHWAY 19 NORTH STE. 100  
CLEARWATER FL 33763-2019**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3579641**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

**KIEFER, NEIL G  
26133 U.S. HIGHWAY 19 NORTH STE. 100  
CLEARWATER FL 33763-2019**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DI GIANNANTONIO, GILBERT</b>	
STREET ADDRESS	<b>3717 WOODRIDGE PLACE</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34884</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RANIERI, WILLIAM</b>	
STREET ADDRESS	<b>949 SKYE LANE</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34680</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DROSTE, EDWARD C</b>	
STREET ADDRESS	<b>20 MIDWAY ISLAND</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33767</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, DENNIS</b>	
STREET ADDRESS	<b>277 ABERDEEN ST</b>	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KIEFER, NEIL G</b>	
STREET ADDRESS	<b>7296 BRYCE POINT</b>	
CITY-ST-ZIP	<b>PINELLAS PARK FL 33682</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *William Ranieri* **SIGNATURE REQUIRED** **William Ranieri, Sec/Treas** **2/20/03** **(727) 725-2551**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)