

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90699 001 ***600.00

DOCUMENT # P99000047834

1. Entity Name

HOOTERS OF GURNEE, INC.

Principal Place of Business

**26133 U.S. HWY 19 NORTH STE. 100
 CLEARWATER FL 33763-2019**

Mailing Address

**26133 U.S. HWY 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

Zip

Country

Zip

Country

4. FEI Number

59-3579643

Applied For

Not Applicable

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. HWY 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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DI DIANNANTONIO, GILBERT**
 CITY-ST-ZIP **3717 WOODRIDGE PLACE
 PALM HARBOR FL 34684**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **RANIERI, WILLIAM**
 CITY-ST-ZIP **4794 PEBBLEBROOK DR.
 OLDSMAR FL 34677**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DROSTE, EDWARD C**
 CITY-ST-ZIP **20 MIDWAY ISLAND
 CLEARWATER FL 33787**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **JOHNSON, DENNIS**
 CITY-ST-ZIP **32 OAK AVENUE
 PALM HARBOR FL 34684**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KIEFER, NEIL G**
 CITY-ST-ZIP **277 ABERDEEN STREET
 DUNEDIN FL 34698**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **Ranieri, William**
 CITY-ST-ZIP **949 Skye Lane
 Palm Harbor, FL 34680**

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

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **Johnson, Dennis**
 CITY-ST-ZIP **277 Aberdeen St.
 Dunedin, FL 34698**

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **Kiefer, Neil G.**
 CITY-ST-ZIP **7296 Bryce Point
 Pinellas Park, FL 33782**

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 an other like empowered.

SIGNATURE: *William Ranieri* **William Ranieri, Sec/Treas**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/2002

Date

Daytime Phone #

CR2E034 (9/01)