

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2001 8:00 am
Secretary of State

08-17-2001 90005 047 ***550.00

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DOCUMENT # P99000064311

1. Entity Name
EL GAVILAN OF BRADENTON, INC.

Principal Place of Business Mailing Address
491 CORTEZ ROAD W. BRADENTON FL 34207 **491 CORTEZ ROAD W. BRADENTON FL 34207**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **Same** 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0937548** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BLALOCK, LANDERS. WALTERS & VOGLER, P.A.
802 11TH STREET WEST
BRADENTON FL 34205

7. Name and Address of New Registered Agent
 Name **El Gavilan of Bradenton, Inc.**
 Street Address (P.O. Box Number is Not Acceptable) **491 Cortez Rd W**
 City **Bradenton** FL Zip Code **34207**

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 **El Gavilan of Bradenton, Inc.** *Jacqueline A. Williams* **30 July 2001**
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P LAMES, ROHULFO <input checked="" type="checkbox"/> Delete <i>no longer an officer</i> 4075 43RD AVE W APT 17 BRADENTON FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FUENTES, CARLOS R <input type="checkbox"/> Delete 4060 43RD AVE W APT 2 BRADENTON FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST + President WILLIAMS, JACQUELINE A <input type="checkbox"/> Delete 4075 43RD AVE W APT 17 BRADENTON FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, VP, S, T Williams Jacqueline A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4075 43rd Ave W Apt 17 Bradenton FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Jacqueline A. Williams** **30 July 2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (5/01)