

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90036 048 \*\*\*550.00

**DOCUMENT # P99000068441**

1. Entity Name

**SARASOTA RESTAURANT GROUP, INC.**

Principal Place of Business

1737 SOUTH TAMiami TRAIL  
SARASOTA FL 34239

Mailing Address

1737 SOUTH TAMiami TRAIL  
SARASOTA FL 34239

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

65-0946093

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DRAKE, J. KEVIN**  
**1432 FIRST STREET**  
**STE C**  
**SARASOTA FL 34236**

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)

9-13-00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. 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	D	<input checked="" type="checkbox"/> Delete
NAME	LIKAKOS, KOSTAS	
STREET ADDRESS	1737 SOUTH TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LIKAKOS, PETER	
STREET ADDRESS	1737 SOUTH TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIKAKOS, JAMES	
STREET ADDRESS	1737 SOUTH TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LIKAKOS, JAMES D	
STREET ADDRESS	1737 SOUTH TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THEODOSIOS NICHOLAUDIS	
STREET ADDRESS	3639 CORTEZ RD. W., #214	
CITY-ST-ZIP	BRADENTON, FL 34210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES LIKAKOS	
STREET ADDRESS	1737 SOUTH TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: J. LIKAKOS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-00

DATE

(941) 365-0776

DAYTIME PHONE #

CR2E034 (5/00)