

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90084 001 ***150.00

DOCUMENT # **P99000074217**

1. Entity Name

UGLY TUNA SALOON OF MIAMI, INC.

Principal Place of Business

7725 SW 40th ST
MIAMI, FL 33155

Mailing Address

4411 Cleveland Ave
FT MYERS, FL 33901

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0952862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GARGANO, ANTHONY
2015 W First St, Ste 203
FT MYERS, FL 33901

7. Name and Address of New Registered Agent

Name **RICHARD J. SIMEONE**

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

436 S. ANDREWS AVE

City **FT LAUD**

FL

Zip Code **33301**

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

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

RICHARD J. SIMEONE

(NOTE: Registered Agent signature required when reinstating)

4/26/00
 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

TITLE **D CEO** ☐ Delete

NAME **LAGESCHULTE, DAVID**
 STREET ADDRESS **4411 Cleveland Ave**
 CITY-ST-ZIP **FT MYERS, FL 33901**

TITLE **DP** ☐ Delete

NAME **BRAWNER, TERRY**
 STREET ADDRESS **4411 Cleveland Ave**
 CITY-ST-ZIP **FT MYERS, FL 33901**

TITLE **DTS** ☐ Delete

NAME **LYNCH, PAUL**
 STREET ADDRESS **4411 Cleveland Ave**
 CITY-ST-ZIP **FT MYERS, FL 33901**

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ 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:

Paul W. Lynch
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00
 Date

941-275-6379
 Daytime Phone #

CR2E034 (9/99)