

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90139 008 ***150.00

DOCUMENT # P99000096707

1. Entity Name
BRIGANDS RESTAURANT, INC.



Principal Place of Business
**1708 CAPE CORAL PARKWAY WEST
CAPE CORAL FL 33914**

Mailing Address
**1708 CAPE CORAL PARKWAY WEST
CAPE CORAL FL 33914**



2. Principal Place of Business

3. Mailing Address

1708 CAPE CORAL PKWY W **1708 CAPE CORAL PKWY W**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
CAPE CORAL, FL

City & State
CAPE CORAL, FL

4. FEI Number **65-0995887**

Applied For
Not Applicable

Zip
33914

Country
USA

Zip
33914

Country
USA

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

EDY, WILLIAM T ESQ.
201 NICHOLAS PARKWAY WEST
CAPE CORAL FL 33991

Name **WILLIAM A. MAHER**
Street Address (P.O. Box Number is Not Acceptable)
2038 HENLEY PLACE
City **FT MYERS** **FL** Zip Code **33901**

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 **William A. Maher**

4/22/03

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 **D** ☒ Delete
NAME **CHIAPPINI, PHILIP A**
STREET ADDRESS **1708 CAPE CORAL PARKWAY WEST**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **P, T** ☐ Change ☒ Addition
NAME **WILLIAM A. MAHER**
STREET ADDRESS **1708 CAPE CORAL PARKWAY W**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 A. Maher**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03 **239.337.3247**
Date Daytime Phone #

CR2E034 (10/02)