

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90002 030 ***150.00

DOCUMENT # P99000100711

1. Entity Name
MULLIGAN'S FAMILY SPORTS PUBS, INC.

Principal Place of Business

**5006 E. BAY DR.
 CLEARWATER FL 33764**

Mailing Address

**19114 TRACY COURT
 LUTZ FL 33549**

2. Principal Place of Business

13706 Little RD

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Hudson FL

City & State

Zip

34667

Country

PASCO

Country

4. FEI Number

59-3610825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**VAN VOJIS, JOHN I
 501 E. KENNEDY BLVD.
 SUITE 1400
 TAMPA FL 33601**

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)

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

TITLE **D** ☐ Delete
 NAME **SCHULTE, CHRISTIAN A**
 STREET ADDRESS **3807 SOUTH CHURCH STREET**
 CITY-ST-ZIP **TAMPA FL 33611**

TITLE **D** ☐ Delete
 NAME **OVERBECK, CHRISTOPHER K**
 STREET ADDRESS **19114 TRACY COURT**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02
 Date

727-869-2500
 Daytime Phone #

CR2E034 (9/01)