

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90067 043 ***150.00

DOCUMENT # P99000102570

1. Entity Name

G R'S CHUCK WAGON, INC.

Principal Place of Business

**1495 RAILHEAD BLVD
STE 1
NAPLES FL 34110**

Mailing Address

**POST OFFICE BOX 110455
NAPLES FL 34108-0108**

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

50-3528748

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBB, JEANETTE

576 9TH AVE. N.

NAPLES FL 34108

9285 DUKE RD

BONITA SPRINGS FL 34135

Name

Robb, Jeanette

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

9285 DUKE RD

City

BONITA SPRINGS

FL

Zip Code

34135

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ROBB, JEANETTE M**
CITY-ST-ZIP **576 9TH AVENUE NORTH
NAPLES FL 34108**

TITLE ☒ Change ☐ Addition
NAME **No Change**
STREET ADDRESS **9285 DUKE RD**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **ROBB, RANDALL D**
CITY-ST-ZIP **576 9TH AVENUE NORTH
NAPLES FL 34108**

TITLE ☒ Change ☐ Addition
NAME **No Change**
STREET ADDRESS **5229 32ND AVE SW**
CITY-ST-ZIP **NAPLES FL 34116**

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **GEBHARDT, CHRISTOPHER J**
CITY-ST-ZIP **576 9TH AVENUE NORTH
NAPLES FL 34108**

TITLE ☒ Change ☐ Addition
NAME **No Change**
STREET ADDRESS **9285 DUKE RD**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)