

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90146 002 \*\*\*150.00

**DOCUMENT # P99000104223**



1. Entity Name  
**ROCK RIDGE RESTAURANT, INC.**

Principal Place of Business  
**7602 N. LOCKWOOD VILLAGE ROAD  
SARASOTA FL 34243**

Mailing Address  
**6688 CORTEZ ROAD WEST  
BRADENTON FL 34210-2600**

2. Principal Place of Business  
**7602 N Lockwood Ridge  
Suite, Apt. #, etc. Road**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**SARASOTA FL**  
Zip  
**34243**  
Country  
**USA**

City & State

Zip

Country

4. FEI Number **65-0950109**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**CURTIS, CLINTON A  
141 - 5TH STREET, N.W.  
WINTER HAVEN FL 33883-7608**

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

## 10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete  
NAME **GIBSON, PATRICIA T**  
STREET ADDRESS **3510 CRYSTAL LAKES COURT**  
CITY-ST-ZIP **SARASOTA FL 34235**

TITLE **P** ☐ Delete  
NAME **HORNE, JOHN C**  
STREET ADDRESS **8403 MARINA DRIVE**  
CITY-ST-ZIP **HOLMES BEACH FL 34217**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. 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

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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: **John C Horne**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN HORNE**

**2/17/03**

Date

**761-7797**

Daytime Phone #

CR2E034 (10/02)