

2000 UNIFORM BUSINESS REPORT (UBR)

5/5

DOCUMENT # P99000105631

1. Entity Name

MEYERS BAR AND GRILL, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

05-09-2000 90058 028 ***150.00

Principal Place of Business

3584 SW ZULLO STREET
PORT ST. LUCIE FL

Mailing Address

3584 SW ZULLO STREET
PORT ST. LUCIE FL

2. Principal Place of Business

15565 SW WARFIELD
BLVD.

3. Mailing Address

Suite, Apt. #, etc.

City & State

INDIAN TOWN FL

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0970296

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FARRELL, RICKEY L ESQ
1595 SE PORT ST LUCIE BLVD
PORT ST LUCIE FL 34952

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, 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	NAME	MEYERS, PATRICK	STREET ADDRESS	3584 SW ZULLO STREET	CITY-ST-ZIP	PORT ST. LUCIE FL	<input type="checkbox"/> Delete
TITLE	D	NAME	MEYERS, AMY	STREET ADDRESS	3584 SW ZULLO STREET	CITY-ST-ZIP	PORT ST. LUCIE FL	<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Patrick W. Myers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

561-597-5777
Date Daytime Phone #

CR2E034 (9/99)