

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107546

1. Entity Name

DEMARCO'S RESTAURANT, INC.

Principal Place of Business

3131 CLARK RD
#103
SARASOTA FL 34231

Mailing Address

3131 CLARK RD
#103
SARASOTA FL 34231

2. Principal Place of Business

3131 CLARK RD.

Suite, Apt. #, etc.
103

3. Mailing Address

3131 CLARK RD.

Suite, Apt. #, etc.
103

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34231

Country

USA

Zip

34231

Country

USA

6. Name and Address of Current Registered Agent

STEPHEN F. VOIGT, P.A.
2414 BEE RIDGE RD.
SARASOTA FL 34239

Name

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

City

FL

Zip Code

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DEMARK, CHERE
7236 N SERENOA DR
SARASOTA FL 34241 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
VELKOS, TOM
7236 N SERENOA DR
SARASOTA FL 34241 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

CHERE DEMARK

3-16-01

941-925-0226

FILED
Sep 18, 2001 8:00 am
Secretary of State

08-22-2001 90220 027 ***150.00

09-18-2001 90081 049 ***400.00



DO NOT WRITE IN THIS SPACE

CR2034 (10/00)