

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90071 039 ***150.00

DOCUMENT # **P99000107818**

1. Entity Name

BISTRO HOLDINGS, INC

DO NOT WRITE IN THIS SPACE

80058611

2. Principal Place of Business

6600 GOLF DRIVE

Suite, Apt. #, etc.

3. Mailing Address

6600 GOLF DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOLMES BEACH, FL

City & State

HOLMES BEACH, FL

4. FEI Number

65-0967178

Applied For

Not Applicable

Zip

Country

34217

Zip

Country

34217

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GREENE, ROBERT F.

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

1301 SIXTH AV W

SUITE 400

City

BRADENTON

FL

Zip Code

34205

**DO NOT WRITE
IN THIS SPACE**

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)

☐

January 1 - May 1 Fee is: \$150.00

After May 1, Fee is: \$550.00

Amended UBR is \$61.25

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
MURPHY, THOMAS W
6600 GOLF DRIVE
HOLMES BEACH, FL 34217**

TITLE
NAME
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CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 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 #

CR2E034B (12/01)