

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108699

1. Entity Name

VERO BEACH RESTAURANT, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90039 026 ***150.00

Principal Place of Business

800 N. MAGNOLIA AVENUE
ORLANDO FL 32803

Mailing Address

800 N. MAGNOLIA AVENUE
ORLANDO FL 32803

NATURES TABLE

2. Principal Place of Business

6200 20th STREET

3. Mailing Address

6200 20th STREET

Suite, Apt. #, etc.

RM 458

Suite, Apt. #, etc.

RM 458

City & State

VERO BEACH FL

City & State

VERO BEACH FL

Zip

32966 --

Country

USA

Zip

32966 --

Country

USA

4. FEI Number

59-3615505

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, WADE F JR.
118 E. JEFFERSON STREET
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

RICHARD WAGNER

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

4190 S. Tropical Trail

City

Merritt Island

FL

Zip Code

32922

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

4.19.00

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	<input type="checkbox"/> Delete
NAME	LARSEN, RICHARD	
STREET ADDRESS	800 N. MAGNOLIA AVENUE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAGNER, RICHARD	
STREET ADDRESS	800 N. MAGNOLIA AVENUE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUFFALO, BRYAN	
STREET ADDRESS	800 N. MAGNOLIA AVENUE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARSEN, BARBARA	
STREET ADDRESS	800 N. MAGNOLIA AVENUE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

4.19.00 321-676-0136