

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90021 032 \*\*\*150.00

**DOCUMENT # P99000109538**

1. Entity Name

**MAYPORT RESTAURANTS, INC.**

Principal Place of Business

Mailing Address

S. 3RD ST., STE. 101  
JACKSONVILLE FL 322502215 S. 3RD ST., STE. 101  
JACKSONVILLE FL 32250

2. Principal Place of Business

4371 Ocean Street

3. Mailing Address

4371 Ocean Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Mayport, FL

City &amp; State

Mayport, FL

4. FEI Number

59-3625444

Applied For

Not Applicable

Zip

32237

Country

USA

Zip

32237

Country

USA

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**AHERN, FRED L JR  
2215 S. 3RD ST., STE. 101  
JACKSONVILLE FL 32250

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Delete  
NAME **D PARK**  
STREET ADDRESS **PARK, GERALD L**  
CITY-ST-ZIP **2215 S. 3RD ST., STE. 101**  
**JACKSONVILLE FL 32250**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4371 Ocean Street  
CITY-ST-ZIP Mayport, FL 32237TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **JONES, JACK**  
CITY-ST-ZIP **2215 S. 3RD ST., STE. 101**  
**JACKSONVILLE FL 32250**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4371 Ocean Street  
CITY-ST-ZIP Mayport, FL 32237TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ 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 #

4/20/00 (904) 247-0250