## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # \$25729** May 30, 2000 8:00 am Secretary of State 1. Entity Name POLO BAY SPORTS BAR AND GRILL INC. 05-30-2000 90099 037 \*\*\*150.00 Principal Rlace of Business Mailing Address 1792 SOUTH CONGRESS AVENUE 1792 SOUTH CONGRESS AVENUE WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406-6687 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0246342 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCVAN, BRIAN K. Street Address (P.O. Box Number is Not Acceptable) 14425 LARKSPUR LANE **WELLINGTON FL 33414** Zip Code FŁ BUSTON OF BUSINESS AND HIMTON 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Flection Campaign Financing \$5.00 мау Ве Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition Delete TITLE TITLE MCVAN, BRIAN NAME NAME STREET ADDRESS 14425 LARKSPUR LANE STREET ADDRESS CITY-ST-ZIP **WELLINGTON FL 33414** CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE TOMLINSON, JEFFREY S NAME STREET ADDRESS 10298 TRAILWOOD LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33478 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME -STREET ADDRESS: STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS 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 TYPETON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-2000

SU 7988769

Date

Daytime Phone #