## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## May 24, 2001 8:00 am Secretary of State **DOCUMENT # \$40803** 05-24-2001 90006 006 \*\*\*150.00 QUAY RESTAURANT OF KEY LARGO, INC. Principal Place of Business Mailing Address C/O KB HOLDINGS / 647 E. DANIA BCH BLVD C/O KB HOLDINGS / 647 E. DANIA BCH BLVD DANIA BEACH FL 33004 DANIA BEACH FL 33004 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE % Atlantia Holdings % Atlantia Holdings 910 S.E. 17th St., Suite 300 910 S.E. 17th St., Suite 300 4. FEI Number 65-0254284 Applied For Ft. Lauderdale, FL 33316 Ft. Lauderdale, FL 33316 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WAGNER, J J. Wagner C/O KB HOLDINGS % Atlantia Holdings 647 EAST DANIA BEACH BOULEVARD 910 SE 17th St., Suite 300 DANIA BEACH FL 33004 Ft. Lauderdale, FL 33316 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **BOULIS, GUS** NAME NAME Bailey, William A. C/O KB HOLDINGS / 647 E. DANIA BCH BLVD STREET ADDRESS STREET ADDRESS % Atlantia Holdings DANIA BEACH FL 33004 CITY-ST-ZIP CITY-ST-ZIP 910 SE 17th St., # 300 ☐ Delete TITLE Ft. Lauderdale, FL 33316 Addition NAME STREET ADDRESS STREET ADDRESS Farrell, James B. CITY-ST-ZIP CITY-ST-ZIP % Atlantia Holdings 910 SE 17th St., #300 TITI F ☐ Delete TITLE ☐ Addition NAME Ft. Lauderdale, FL 33316 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7iP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

E OF SIGNING OFFICER OR DIRECTOR

FILED