

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S53975

1. Entity Name

SANTA FE STEAKHOUSE OF FRUITVILLE, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90093 027 ***150.00

Principal Place of Business

Mailing Address

2575 VLMERTON RD.
SUITE 300
CLEARWATER FL 34622

2575 VLMERTON RD.
SUITE 300
CLEARWATER FL 34622

2. Principal Place of Business

2325 ULMERTON RD

3. Mailing Address

2325 ULMERTON RD

Suite, Apt. #, etc.

SUITE 20

Suite, Apt. #, etc.

SUITE 20

City & State

CLEARWATER, FLA

City & State

CLEARWATER FLA

Zip

33762

Country

USA

Zip

33762

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0274781

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORRIS, GREGORY D
2325 ULMERTON RD
SUITE 20
CLEARWATER FL 33762

7. Name and Address of New Registered Agent

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

TITLE DC ☐ Delete
NAME BULLARD, FRED JR
STREET ADDRESS 2325 ULMERTON RD, 20
CITY-ST-ZIP CLEARWATER FL

TITLE DS ☐ Delete
NAME BULLARD, KAROL K
STREET ADDRESS 2325 ULMERTON RD, STE 20
CITY-ST-ZIP CLEARWATER FL 34622

TITLE DP ☒ Delete
NAME WALKER, MITCH
STREET ADDRESS 2575 ULMERTON RD, 20
CITY-ST-ZIP CLEARWATER FL

TITLE VAS ☐ Delete
NAME MORRIS, GREGORY D
STREET ADDRESS 2325 ULMERTO RD, STE 20
CITY-ST-ZIP CLEARWATER FL 33762

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00
Date

727-576-6424
Daytime Phone #