

2001 UNIFORM BUSINESS REPORT (UBR)

3/9/0

FILED
Apr 04, 2001 8:00 am
Secretary of State

03-09-2001 90015 043 ***150.00

DOCUMENT # S75860

1. Entity Name

BONEFISH WILLY'S, INC.

Principal Place of Business

1269 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

Mailing Address

1269 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0282489**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRUCK, DANIEL J.
1269 UNIVERSITY DR.
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name **DAVID TARABOULOS**
Street Address (P.O. Box Number is Not Acceptable)
12551 N.W. 58 MANOR
City **CORAL SPRINGS** FL Zip Code **33076**

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 **3/26/2001**

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, 2001 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 checked="" type="checkbox"/> Delete
NAME	BRUCK, DANIEL J.	
STREET ADDRESS	2392 NW 122 DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TARABOULOS, DAVID I.	
STREET ADDRESS	847 N.W. 76 TERRACE	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID TARABOULOS	
STREET ADDRESS	12551 N.W. 58 MANOR	
CITY-ST-ZIP	CORAL SPRING, FLA 33076	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM COCHRANE	
STREET ADDRESS	7925 SANIBEL DR	
CITY-ST-ZIP	TAMARAC FLA 33321	
TITLE	SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN TARABOULOS	
STREET ADDRESS	12551 N.W. 58 MANOR	
CITY-ST-ZIP	CORAL SPRINGS FLA 33076	
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 #

CR2E034 (10/00)