

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V44661

1. Entity Name

MAX'S ROADSIDE GRILLE, INC.

Principal Place of Business

321 University Drive
Plantation, FL 33324

Mailing Address

4411 Cleveland Ave
Ft Myers, FL 33901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0354972

Applied For

Not Applicable

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

GARGANO, ANTHONY

2075 W FIRST ST

STE 203

FT MYERS, FL 33901

Name

RICHARD J SIMEONE

Street Address (P.O. Box Number is Not Acceptable)

436 S. ANDREWS AVE

City

FT LAUD

FL

Zip Code

33301

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

Richard J. Simone
Signature, typed or printed name of registered agent and title if applicable.

RICHARD J. SIMEONE

(NOTE: Registered Agent signature required when reinstating)

4/20/00
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 DCEO ☐ Delete
NAME LAGESCHULTE, DAVID
STREET ADDRESS 4411 Cleveland Ave
CITY-ST-ZIP FT. MYERS, FL 33901

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

TITLE DST ☐ Delete
NAME LYNCH, PAUL
STREET ADDRESS 4411 Cleveland Ave
CITY-ST-ZIP FT MYERS, FL 33901

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

TITLE DP ☐ Delete
NAME BROWNER, TERRY
STREET ADDRESS 4411 Cleveland Ave
CITY-ST-ZIP FT MYERS, FL 33901

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

Date

941-275-6339

Daytime Phone #

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90948 038 ***150.00

100832

DO NOT WRITE IN THIS SPACE