

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90008 001 ***158.75
01-27-2001 90008 002 ****35.00

DOCUMENT # V49036

1. Entity Name

GRAMPA'S RESTAURANTS, INC.

Principal Place of Business

**7605 BEACH BLVD
SUITE 200
JACKSONVILLE FL 32216
US**

Mailing Address

**7605 BEACH BLVD
JACKSONVILLE FL 32216
US**

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 **59-3143200**

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

**ANDUX, GONZALO R.
126 WEST ADAMS STREET
SUITE 200
JACKSONVILLE FL 32202**

Name **Trudy Robert TS**

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

2761 Robin Road

City **Jacksonville**

FL

32216

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

1-1-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Delete
NAME **ARNAIZ, SERGIO**
STREET ADDRESS **3443 SKIPJACK WAY N**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DTS** ☒ Delete
NAME **ANDRADE, C. R**
STREET ADDRESS **6628 NIGHTINGALE ROAD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **President / Sec.** ☐ Change ☒ Addition
NAME **Erik Robert TS**
STREET ADDRESS **1138 Mar Del Plata ST S**
CITY-ST-ZIP **Jacksonville FL 32256**

TITLE **Vice President / Treas.** ☐ Change ☒ Addition
NAME **Milt Howard**
STREET ADDRESS **3701 Emerson ST**
CITY-ST-ZIP **Jacksonville FL 32207**

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

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

Date

Daytime Phone #

01-01-01 904 399-1110

CR2E034 (10/00)

Attachment Doc# V49036-23289
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of _____ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : GRAMPA'S RESTAURANTS, INC.

2. The mailing address of the corporation : 7605 BEACH BLVD.

3. Date of incorporation/qualification: _____ Document number: V49036

4. The name and address of the current registered agent and registered office:

ROBERTO ANDRADE
7605 BEACH BLVD
JAX FL 32216

5. The name and address of the new registered agent (if changed) and /or registered office (if changed):

TRUDY ROBERTS
7605 BEACH BLVD 2761 ROBIN ROAD
JAX FL 32216

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

01-09-01
(Date)

Demery Strickland
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature]
(Signature of Registered Agent)

01-09-01
(Date)

If signing on behalf of an entity:

Trudy Roberts
(Typed or Printed Name) (Capacity)

*** FILING FEE: \$35.00 ***