

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V70436

1. Entity Name

BACKSTAGE TAP AND GRILL, INC.

Principal Place of Business

5535 TAMiami TRAIL N.
NAPLES FL 34108
US

Mailing Address

300 5TH AVE SOUTH
SUITE 225
NAPLES FL 34102-6516

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLOCK, DONALD
300 5TH AVE S 225
NAPLES FL 34102

Name Timothy J. Flock

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

2777 Lake View Dr

City

Naples

FL

Zip Code

34112

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

1/31/00

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, 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 ~~CRD~~ Vice President
NAME FLOCK, DONALD E
STREET ADDRESS ~~37414 AVE S~~ 545 Central Ave
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE ~~SD~~ P
NAME FLOCK, TIMOTHY J.
STREET ADDRESS 2777 LAKEVIEW DR
CITY-ST-ZIP NAPLES FL 34112 ☐ Delete

TITLE TD
NAME BRIGGS, STEPHEN F-III
STREET ADDRESS 107 BROAD AVE S
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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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

1/31/00

Date

941 2633146

Daytime Phone #

CF2E034 (9/99)