

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 430766

1. Entity Name

THE BEEFEEDER'S STEAK PIT & TAVERN, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90015 029 ***150.00

Principal Place of Business

Mailing Address

300 JFK DR
#404
ATLANTIS FL 33462
US

300 JFK DR
#404
ATLANTIS FL 33462-6621
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 59-1509915

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

WADDELL, JOHN B
101 NORTH J ST
LAKE WORTH FL 33460

Name

JOSEPH M. LEE

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

101 North "J" Street

City

Lake Worth,

FL

Zip Code

33460

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

Joseph M. Lee Joseph M. Lee, Esquire

2/7/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	PRATT, LOREN E.	
STREET ADDRESS	300 JFK DR #404	
CITY-ST-ZIP	ATLANTIS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	PRATT, MARY E	
STREET ADDRESS	300 JFK DR #404	
CITY-ST-ZIP	ATLANTIS FL 93462	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
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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:

Mary E. Pratt V.P.

2/7/00

(561) 585-4631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)