

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 501830

1. Entity Name

BLACK ANGUS RESTAURANT, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90056 021 \*\*\*150.00

Principal Place of Business

Mailing Address

449 N. EGLIN PARKWAY  
FORT WALTON BEACH FL 32547-2827

449 N. EGLIN PARKWAY  
FORT WALTON BEACH FL 32547-2827

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

59-1739037

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

WOFFORD, CHARLES D.  
212 BEAL PKWY, NW  
FT. WALTON BEACH FL

Name

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

City

FL

Zip Code

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

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	WOFFORD, CHARLES D.	
STREET ADDRESS	212 BEAL PARKWAY, N.W.	
CITY-ST-ZIP	FT. WALTON BCH. FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	WOFFORD, MYRA LEE	
STREET ADDRESS	212 BEAL PARKWAY, N.W.	
CITY-ST-ZIP	FT. WALTON BCH. FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WOFFORD, ROBERT E.	
STREET ADDRESS	300 LEAH MILLER DRIVE	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WOFFORD, JANE M.	
STREET ADDRESS	300 LEAH MILLER DRIVE	
CITY-ST-ZIP	FT. WALTON BEACH 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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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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:

*John Wofford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00  
Date

850 8628421  
Daytime Phone #

CR2E034 (9/99)