

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 658955

1. Entity Name

MOREY'S LOUNGE, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90195 013 ***150.00

Principal Place of Business

Mailing Address

2022 N. FEDERAL HWY.
BOYNTON BEACH FL 33435

2022 N. FEDERAL HWY.
BOYNTON BEACH FL 33435-2443

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

59-1225692

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

ELBLONK, IRA
C/O IRA ELBLONK & ASSOC., INC.
1030 LAKE AVE., STE. "C"
LAKE WORTH FL 33460

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	PSTD	<input checked="" type="checkbox"/> Delete
NAME	MCCLURE, JOANNE P	
STREET ADDRESS	2022 N. FEDERAL HWY.	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	MCCLURE, JOANNE P	
STREET ADDRESS	2022 N. FEDERAL HWY.	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MCCLURE, TREESA	
STREET ADDRESS	2022 N. FEDERAL HWY.	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	A	<input type="checkbox"/> Delete
NAME	SHARER, KEVIN	
STREET ADDRESS	2022 N. FEDERAL HWY.	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	C	<input type="checkbox"/> Delete
NAME	Fish, Brenna K	
STREET ADDRESS	2022 N. Fed. Hwy	
CITY-ST-ZIP	Boynton Beach FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McClure, Robert S	
STREET ADDRESS	2022 N. Federal Hwy.	
CITY-ST-ZIP	Boynton Beach FL 33435	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McClure, Traci M	
STREET ADDRESS	2022 N. Fed. Hwy	
CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fish, Brenna K	
STREET ADDRESS	2022 N. Fed Hwy	
CITY-ST-ZIP	Boynton Beach FL 33435	
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		
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:

Traci McClure Traci McClure

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-00

Date

561-737-3886

Daytime Phone #

CR2E034 (9/99)