

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 827392

1. Entity Name

PICCADILLY CAFETERIAS, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90058 025 ***150.00

Principal Place of Business

Mailing Address

3232 SHERWOOD FOREST BLVD
P.O. BOX 2467
BATON ROUGE LA 70821

3232 SHERWOOD FOREST BLVD
P.O. BOX 2467
BATON ROUGE LA 70821-2467

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

72-0604977

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	C	MURRILL, PAUL W.	206 SUNSET BLVD BATON ROUGE LA	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	FRANCIS, NORMAN C	6325 PALMETTO ST NEW ORLEANS LA	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	SMITH, C RAY	39 CANTERBURY ROAD CHARLOTTESVILLE VA 22093	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	VTD	LABORDE, RONALD A	15144 WOODMOSS BATON ROUGE LA	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	VS	MESTAYER, MARK L.	17806 CROSSING BLVD BATON ROUGE LA	<input type="checkbox"/> Delete		Chief Financial Officer			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	VT	JOHNSON, JAMES FRED	225 W WOODSTONE COURT BATON ROUGE LA	<input type="checkbox"/> Delete		Secretary/Treasurer			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition

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

3-13-00

Date

225-293-9440

Daytime Phone #