

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005534

1. Entity Name

STEAK-OUT FRANCHISING, INC.

Principal Place of Business

Mailing Address

1967 LAKESIDE PARKWAY, STE. 420  
TUCKER GA 30084

1967 LAKESIDE PARKWAY, STE. 420  
TUCKER GA 30084-5867

2. Principal Place of Business

3. Mailing Address

6801 Governors Lake Pkwy.

6801 Governors Lake Pkwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100

100

City & State

City & State

Norcross, GA

Norcross, GA

Zip

Country

Zip

Country

30071-1130

Gwinnett

30071-1130

Gwinnett

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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: ☐

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 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME HARKLEROD, DONALD R  
STREET ADDRESS 229 PEACHTREE ST. NE, STE. 2500  
CITY-ST-ZIP ATLANTA GA 30303 ☐ Delete

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

TITLE VS  
NAME MCCORD, JOSEPH M  
STREET ADDRESS 1967 LAKESIDE PKWY., STE. 420  
CITY-ST-ZIP TUCKER GA 30084 ☐ Delete

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

TITLE V  
NAME ANDERSON, MICHAEL T  
STREET ADDRESS 1967 LAKESIDE PKWY., SUITE 420  
CITY-ST-ZIP TUCKER GA 30084 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Joseph M. McCord*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-3-00

678-533-6000

FILED  
Feb 08, 2000 8:00 am  
Secretary of State

02-08-2000 90166 043 \*\*\*150.00

LUU2UUU8



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2182337

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required