

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J98068

1. Entity Name

STEAK & STONE, INC.

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

04-24-2000 90138 001 ***158.75

Principal Place of Business

Mailing Address

P O BOX 380220
MURDOCK FL 33938-0220
US

510 GENE GREEN RD
NOKOMIS FL 34275-3624
US

2. Principal Place of Business

510 Gene Green Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Nokomis FL

City & State

Zip

Country

USA

4. FEI Number

31-1222596

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

HORAN, MICHAEL
510 GENE GREEN RD
NOKOMIS FL 34275

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 DCT ☐ Delete
NAME JACOB, HERBERT H.
STREET ADDRESS 641 RANGER LANE
CITY-ST-ZIP LONGBOAT KEY FL

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

TITLE DP ☐ Delete
NAME JACOB, JAMES A.
STREET ADDRESS ONE AJAX DR
CITY-ST-ZIP MADISON HEIGHTS MI

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

TITLE DS ☐ Delete
NAME HORAN, MICHAEL A.
STREET ADDRESS 510 GENE GREEN RD
CITY-ST-ZIP NOKOMIS FL 34275

TITLE DS ☒ Change ☐ Addition
NAME Horan, Michael A
STREET ADDRESS 510 Gene Green Rd
CITY-ST-ZIP Nokomis FL 34275

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Michael A. Horan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00

941 486-3600

Date

Daytime Phone #

CR2E034 (9/99)