

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000033

1. Entity Name:
PRIME STEAK-PONTE VEDRA, L.L.C.

Principal Place of Business
2354 S. ACADIAN THURWAY, SUITE A
C/O THOMAS J. MORAN
BATON ROUGE LA 70808

Mailing Address
2354 S. ACADIAN THURWAY, SUITE A
C/O THOMAS J. MORAN
BATON ROUGE LA 70808

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

72-1432780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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 the registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

VICTOR ALFANO
ASSISTANT SECRETARY

(NOTE: Registered Agent signature required when reinstating)

DATE

12-1-00 X

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
MORAN, THOMAS J
2354 S. ACADIAN THURWAY, SUITE A
BATON ROUGE LA 70808 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
200003499882-1
-12/13/00-0077-00
****100.00 ****100.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
200003499882-1
-12/13/00-01077-021
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Thomas J. Moran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

10/17/00

REINSTATEMENT 2000

FILED

00 DEC -4 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (9/99)