

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90027 048 ****61.25

DOCUMENT # N99000006999

1. Entity Name
THE OUTBACK CLUB, INC.

Principal Place of Business Mailing Address
765 EAST STATE RD. 78 **765 EAST STATE RD. 78**
MOORE HAVEN FL 33471 **MOORE HAVEN FL 33471**

00010400



DO NOT WRITE IN THIS SPACE

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 **65-0967070** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
PHILLIPS, JOE
765 EAST STATE RD. 78
MOORE HAVEN FL 33471

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: 9. Election Campaign Financing **\$5.00** May Be **Make Check Payable to**
FEE IS \$61.25 Trust Fund Contribution. ☐ Added to Fees **Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIMES, JAMES H		NAME		
STREET ADDRESS	765 EAST STATE RD. 78		STREET ADDRESS		
CITY-ST-ZIP	MOORE HAVEN FL 33471		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHILLIPS, JOE		NAME		
STREET ADDRESS	765 EAST STATE RD. 78		STREET ADDRESS		
CITY-ST-ZIP	MOORE HAVEN FL 33471		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHILLIPS, PEGGY		NAME		
STREET ADDRESS	765 EAST STATE RD. 78		STREET ADDRESS		
CITY-ST-ZIP	MOORE HAVEN FL 33471		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joe Phillips* **2/7/00** **863-946-0700**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

666/1/1 017/9/99