

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000051726

1. Entity Name

MURPHYS STEAKHOUSE & PUB, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90011 023 ***150.00

Principal Place of Business

Mailing Address

905 E. CANAL ST.
MULBERRY FL 33860

P.O. BOX 1108
MULBERRY FL 33860-1108
US

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 **59-3251930**

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

MURPHY, MICHAEL G
3000 HWY 37 SOUTH
MULBERRY FL 33860

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
	D	MURPHY, MICHAEL G	P.O. BOX 1108 N/A MULBERRY FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	JAMES G. MURPHY	CRESCENT LAKE DRIVE LAKELAND FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	MURPHY, MICHAEL	P.O. BOX 138 NA MULBERRY FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	MURPHY, VICTORIA	P.O. BOX 138 NA MULBERRY FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	MURPHY, SEAN G	P.O. BOX 138 NA MULBERRY FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

M. Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1 MAY 10 863-425 0173

CR2004 (3/97)