2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2001 08:00 AM
Secretary of State

DOCUMENT # **P94000051726**

1. Entity Name
MURPHYS STEAKHOUSE & PUB, INC.

Principal Place of Business	Mailing Address
905 E. CANAL ST.	P.O. BOX 1108
MULBERRY FL	MULBERRY FL
33860	338600555 US

2. Principal Place of Business	3. Mailing Address
	P.O. BOX 1108
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State MULBERRY FL
Zip / Country	Zip 338601108 / Country US

DO NOT WRITE IN THIS SPACE

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

MURPHY MICHAEL G
3000 HWY 37 SOUTH
MULBERRY FL
33860 US

7. Name and Address of New Registered Agent

Name
MURPHY MICHAEL G
Street Address (P.O. Box Number is Not Acceptable)
205 E HOOKER ST
City BARTOW **FL** Zip Code 338305620

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 _____ 08/03/2001
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, 2001 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	D MURPHY SEAN G P.O. BOX 138 NA MULBERRY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURPHY VICTORIA P.O. BOX 138 NA MULBERRY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURPHY MICHAEL P.O. BOX 138 NA MULBERRY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES G. MURPHY CRESCENT LAKE DRIVE LAKELAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURPHY MICHAEL G P.O. BOX 1108 N/A MULBERRY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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 G MURPHY T 08/03/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #