

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000035053

1. Entity Name  
TYNDALLS STEAKS, INC.

**FILED**  
**Aug 28, 2000 8:00 am**  
**Secretary of State**

08-28-2000 90057 044 \*\*\*550.00

Principal Place of Business

8970 S TRADICAR TRAIL  
MERRITT ISLAND FL 32952  
US

Mailing Address

8970 S TRADICAR TRAIL  
MERRITT ISLAND FL 32952  
US

2. Principal Place of Business

8970 S. TROPICAL TRAIL

3. Mailing Address

8970 S. TROPICAL TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0681167

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

TYNDALL, VERNON L  
4817 BETHEL CREEK DR  
VERO BEACH FL 32963

7. Name and Address of New Registered Agent

Name  
MARY-PAT TYNDALL  
Street Address (P.O. Box Number is Not Acceptable)  
8970 S. TROPICAL TRAIL  
S. MERRITT ISLAND, FL  
City FL Zip Code 32952

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 MARY PAT TYNDALL

(NOTE: Registered Agent signature required when reinstating)

7/26/2000  
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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE P  
NAME TYNDALL, VERNON  
STREET ADDRESS 4817 BETHEL CREEK DR  
CITY-ST-ZIP VERO BEACH FL

TITLE S  
NAME TYNDALL, MARY P  
STREET ADDRESS 4817 BETHEL CREEK  
CITY-ST-ZIP VERO BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 8970 S TROPICAL TRAIL  
CITY-ST-ZIP S. MERRITT IS., FL 32952

TITLE  
NAME  
STREET ADDRESS 8970 S. TROPICAL TRAIL  
CITY-ST-ZIP S. MERRITT IS., FL 32952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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: MARY PAT TYNDALL

8/25/2000  
Date

864-241-1388  
Daytime Phone #

CR2E034 (5/00)