

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102851

1. Entity Name

FRIED BALONEY'S, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90021 025 ***150.00

Principal Place of Business

Mailing Address

8424 W. HILLSBOROUGH AVE.
TAMPA FL 33615

8424 W. HILLSBOROUGH AVE.
TAMPA FL 33615-3808

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3441954

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PAULSON, IRENE L
6801 ELDORADO CT
TAMPA FL 33615

Name

BILLY H. MCGHEE PRES.

Street Address (P.O. Box Number is Not Acceptable)

5423 SCHOOL RD

City

LAND O' LAKES

FL

34639

Zip Code
33852

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

Billy H. McGhee

BILLY H. MCGHEE PRES.

2-23-00

Signature, typed or printed name of registered agent and fee 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. PRES. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME PAULSON, IRENE L
STREET ADDRESS 6801 ELDORADO COURT
CITY-ST-ZIP TAMPA FL 33615

☒ Delete

TITLE PRES
NAME MCGHEE, BILLY H.
STREET ADDRESS 5423 SCHOOL RD
CITY-ST-ZIP LAND O' LAKES FL 34639

☒ Change ☐ Addition

TITLE VP
NAME MCGHEE, BILLY H
STREET ADDRESS 5423 SCHOOL RD.
CITY-ST-ZIP LAND O' LAKES FL 33852

☐ Delete

TITLE V.P.
NAME JUANITA FRANCIS
STREET ADDRESS 5423 SCHOOL RD
CITY-ST-ZIP LAND O' LAKES FL 34639

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Billy H. McGhee

BILLY H. MCGHEE 2-23-00

813-882 8120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)