

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

P97000005883

L+J's T Bird Lounge, Inc.

Principal Place of Business

Mailing Address

2171 N. C-470
LAKE PANASOFFKEE
FL 33538

P.O. Box 219
LAKE PANASOFFKEE
FL 33538

2. Principal Place of Business

3. Mailing Address

L+J's T-BIRD LOUNGE

L+J's T-BIRD LOUNGE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2175 N. C-470

P.O. Box 219

City & State

City & State

LAKE PANASOFFKEE

LAKE PANASOFFKEE

Zip

Country

Zip

Country

33538

SUMTER

33538

SUMTER

6. Name and Address of Current Registered Agent

4. FEI Number

Applied For

59-3423017

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

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	P INGRAM, Linda S	<input type="checkbox"/> Delete
NAME	2171 N C 470 P.O. Box 219	
STREET ADDRESS	LAKE PANASOFFKEE, FL 33538	
CITY-ST-ZIP		
TITLE	V SERGENT SUSAN	<input checked="" type="checkbox"/> Delete
NAME	2171 N C 470 BOX 219	
STREET ADDRESS	LAKE PANASOFFKEE, FL 33538	
CITY-ST-ZIP		
TITLE	ST INGRAM, GERALD G	<input type="checkbox"/> Delete
NAME	2171 N C 470 P.O. Box 219	
STREET ADDRESS	LAKE PANASOFFKEE, FL 33538	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100003456131	
STREET ADDRESS	-11/07/00--01120--026	
CITY-ST-ZIP	****550.00 ****550.00	
TITLE	V INGRAM, Linda S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2171 N C 470 P.O. Box 219	
STREET ADDRESS	LAKE PANASOFFKEE, FL 33538	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Linda S. Ingram Linda S. INGRAM

10/15/00

793 5793

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

KE

352