

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094065

1. Entity Name

OUTHOUSE LOUNGE ENTERPRISES, INC.

FILED

Feb 11, 2000 8:00 am  
Secretary of State

02-11-2000 90018 021 \*\*\*150.00

Principal Place of Business

Mailing Address

D/B/A HILLUPS FAMILY REST  
11436 U S 19  
PORT RICHEY FL 34668

DUANE R POLUKEY  
4509 MISCHER RD  
NEW PT RICHEY FL 34

CLOSED

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

4509 Mitcher Rd

Suite, Apt. #, etc.

4509 Mitcher Rd.

City & State

New Port Richey, FL

City & State

4. FEI Number

59-3475941

Applied For

Not Applied

Zip

34652

Country

Zip

34652

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

POLUKEY, DUANE R  
4509 MITCHER ROAD  
NEW PORT RICHEY FL 34652

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  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME P  
STREET ADDRESS POLUKEY, DUANE R  
CITY-ST-ZIP 4509 MITCHER ROAD  
NEW PORT RICHER FL 34652

TITLE ☐ Change ☐ \*  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ \*  
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CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ \*  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ \*  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ \*  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ \*  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Duane R. Polukey  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/2000 727-845-157  
Date Daytime Phone #