

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042819

1. Entity Name

OCF STEAK, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90175 004 \*\*\*150.00

Principal Place of Business

11224 BOARDWALK, SUITE B 1-5  
BATON ROUGE LA 70816-8358

Mailing Address

P O BOX 40486  
BATON ROUGE LA 70835-0486

2. Principal Place of Business  
PADDOCK MALL

3. Mailing Address

Suite, Apt. #, etc.

3100 COLLEGE RD, SPACE 202 #1

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

Zip

34474

Country

USA

Zip

Country

4. FEI Number

72-1418331

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION FL 33324

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

TITLE PD ☐ Delete  
NAME LAWRENCE, JOHN C  
STREET ADDRESS 11224 BOARDWALK, SUITE B 1-5  
CITY-ST-ZIP BATON ROUGE LA 70815-0486

TITLE VD ☐ Delete  
NAME BRESEE, JERRY D  
STREET ADDRESS 11224 BOARDWALK, SUITE B 1-5  
CITY-ST-ZIP BATON ROUGE LA 70815-0486

TITLE STD ☐ Delete  
NAME APPLETON, JOHN D  
STREET ADDRESS 11224 BOARDWALK, SUITE B 1-5  
CITY-ST-ZIP BATON ROUGE LA 70815-0486

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*John Lawrence*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-00  
Date

225-924-6063  
Daytime Phone #