2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000095785**

1. Entity Name

TPA TOO STEAK, INC.

2. Principal Place of Business

8 553 CITEUS PARKTUN CM

CT CORPORATION SYSTEM

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

1200 S. PINE ISLAND RD. PLANTATION FL 33324

/LLSBOROUGH

Signature, typed or printed name of registered agent and title if applicable.

6. Name and Address of Current Registered Agent

Principal Place of Business

Mailing Address

11224 BOARDWALK, STE. B1-5 BATON ROUGE LA 70816

P.O. BOX 40486

3. Mailing Address

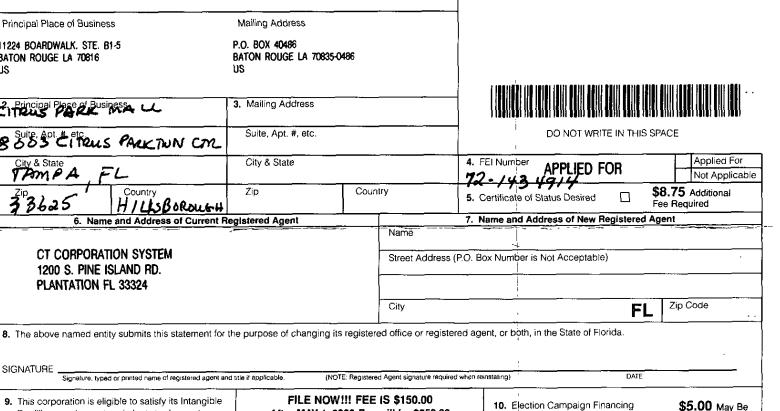
City & State

Suite, Apt. #, etc.

BATON ROUGE LA 70835-0486

FILED Apr 04, 2000 8:00 am Secretary of State

04-04-2000 90006 027 ***150.00



Trust Fund Contribution.

(See criter	ria on back)	Make Check Payat	ole to Department of	State		
1.	OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
ITLE IAME TREET ADDRESS ITY-ST-ZIP	P LAWRENCE, JOHN C 11224 BOARDWALK, STE. B1-5 BATON ROUGE LA 70816	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition .
ITLE AME TREET ADDRESS ITY-ST-ZIP	V BRESEE, JERRY D 11224 BOARDWALK, STE. B1-5 BATON ROUGE LA 70816	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
ITLE AND ITLE IAME TREET ADDRESS ITY-ST-ZIP	-ST- APPLETON, JOHN D 11224 BOARDWALK, STE. B1-5 BATON ROUGE LA 70816	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
ITLE IAME TREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	Addition

After MAY 1, 2000 Fee will be \$550.00

Country

Name

13. Thereby 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.

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

Change

☐ Change

☐ Addition

Addition

Added to Fees