

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035865

1. Entity Name
701 STREET PUB, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90192 019 ***150.00

Principal Place of Business
1887 N.W. PINE LAKE DR.
STUART FL 34994

Mailing Address
1887 N.W. PINE LAKE DR.
STUART FL 37774-3155

2. Principal Place of Business
701 W. Jefferson St.

3. Mailing Address
139 Coyatee Circle

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Tallahassee, FL

City & State
London, TN

4. FEI Number
59-3583352

Applied For
Not Applicable

Zip
32304

Country
USA

Zip
37774

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PURNELL, HAROLD F
215 S. MONROE ST., STE.420
TALLAHASSEE FL 32301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D LAUGHLIN, DENNIS 1887 N.W. PINE LAKE DR. STUART FL 34994	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, Pres Laughlin, Dennis 139 Coyatee Circle London, TN 37774	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec'y-Treas. Laughlin, Nancy 139 Coyatee Circle London TN 37774	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: Nancy R. Laughlin, Sec'y-Treas 4/24/00 865/458-9764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #