

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038207

1. Entity Name
DOUBLE BEEF, INC.

FILED
May 02, 2001 8:00 am
Secretary of State
05-02-2001 90048 038 ***150.00

Principal Place of Business
**1830 THOMASVILLE RD.
TALLAHASSEE FL 32303**

Mailing Address
**1830 THOMASVILLE RD.
TALLAHASSEE FL 32303**

2. Principal Place of Business
1800 Thomasville Rd.
Suite, Apt. #, etc.

3. Mailing Address
1800 Thomasville Rd.
Suite, Apt. #, etc.

City & State
Tallahassee, FL
Zip
32303
Country
U.S.

City & State
Tallahassee, FL
Zip
32303
Country
U.S.

4. FEI Number **59-3590238**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DYE, DON D
317 E. CALL STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

236 E. 5TH Ave.

City
Tallahassee

FL

Zip Code
32303

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 **DYE DON D. DYE**

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

(NOTE: Registered Agent signature required when reinstating)

4-17-01

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, 2001 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 **D** ☐ Delete
NAME **GRAY, BRADLEY B**
STREET ADDRESS **1800 THOMASVILLE RD.**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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STREET ADDRESS
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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

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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: **BRADLEY B. GRAY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)