

2000 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 03, 2000 8:00 am
Secretary of State

03-08-2000 90011 048 ***150.00

DOCUMENT # P99000040407

1. Entity Name

OUR FATHER'S PIZZA, INC.

Principal Place of Business

1623 N. HIGHLAND AVE
CLEARWATER FL 33755

Mailing Address

1623 N. HIGHLAND AVE
CLEARWATER FL 33755-2700

2. Principal Place of Business

1040 Hypoluxo Rd

Suite, Apt. #, etc.

3. Mailing Address

1040 Hypoluxo Rd

Suite, Apt. #, etc.

City & State

LANTANA FL

City & State

LANTANA FL

Zip

33462

Country

FLORIDA

Zip

33462

Country

FLORIDA

4. FEI Number

593574060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

KARASIK, RICHARD
1623 N. HIGHLAND AVE
CLEARWATER FL 33755

7. Name and Address of New Registered Agent

Name **LARRY DOHRING**
Street Address (P.O. Box Number is Not Acceptable)
1040 Hypoluxo Rd
City **LANTANA** FL Zip Code **33462**

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

LARRY DOHRING PRES. OUR FATHERS PIZZA INC. 2/14/00
(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

TITLE **PRESIDENT** ☐ Delete
NAME **LARRY DOHRING**
STREET ADDRESS **1040 Hypoluxo Rd**
CITY-ST-ZIP **LANTANA, FL 33462**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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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 **PRESIDENT** ☐ Change ☐ Addition
NAME **LARRY DOHRING**
STREET ADDRESS **1040 Hypoluxo Rd**
CITY-ST-ZIP **LANTANA, FL 33462**

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:

LARRY DOHRING 2/14/00 561-5886284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)