

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90131 001 ***150.00

DOCUMENT # P99000087256

1. Entity Name
MURPHY'S IRISH PUB, INC.

Principal Place of Business Mailing Address

☐ BOX 563 P.O. BOX 563
 FL 32902-0563 MELBOURNE FL 32934-8711

80003350



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

1132 HIGHWAY A1A **4236 MONTREUX AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

SATELLITE BEACH FL **MELBOURNE FL**
 Zip Zip Country Country

32937-2410 **32934-8711**

4. FEI Number Applied For

59-3601272 Not Applicable

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

6. Name and Address of Current Registered Agent

MURPHY, DANIEL F
1120 HWY. A1A
SATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent

Name **DANIEL F. MURPHY**
 Street Address (P.O. Box Number is Not Acceptable)
4236 MONTREUX AVE
 City **MELBOURNE** FL Zip Code **32934-8711**

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 **DANIEL F. MURPHY Pres** DATE **1-7-2000**
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	P MURPHY, DANIEL F P.O. BOX 563 MELBOURNE FL 32902-0563 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURPHY, DANIEL F. 4236 MONTREUX AVE MELBOURNE FL 32934-8711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MURPHY, DAWN M P.O. BOX 563 MELBOURNE FL 32902-0563 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MURPHY, DAWN M 4236 MONTREUX AVE MELBOURNE FL 32934-8711 <input checked="" type="checkbox"/> Change <input 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: **DANIEL F. MURPHY** DATE **1-7-2000** DAYTIME PHONE # **321-757-0547**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)