

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 23, 1999 8:00 am  
Secretary of State

03-23-1999 90037 003 \*\*\*\*61.25

DOCUMENT # 708602

1. Corporation Name

THE FLORIDA RESTAURANT ASSOCIATION, INC.

Principal Place of Business

230 S. ADAMS ST.  
TALLAHASSEE FL 32301  
US

Mailing Address

P.O. BOX 1779  
TALLAHASSEE FL 32302  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified  
03/08/1965

4. FEI Number  
59-0571930

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DOVER, CAROL B.  
230 S. ADAMS ST.  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PED  
NAME MURRAY, DENNIS J  
STREET ADDRESS 7758 APPLE TREE CIRCLE  
CITY-ST-ZIP ORLANDO FL

TITLE STD  
NAME SHUMATE, BILL  
STREET ADDRESS 1413 S. HOWARD  
CITY-ST-ZIP TAMPA FL

TITLE D  
NAME PACE, MICHAEL J  
STREET ADDRESS 18415 S DIXIE WHY  
CITY-ST-ZIP MIAMI FL 33157

TITLE D  
NAME JARRETT, DAVE  
STREET ADDRESS 5370 KESWICK CT.  
CITY-ST-ZIP ORLANDO FL

TITLE PD  
NAME AVERY, KIM  
STREET ADDRESS 15730 COUNTRY CT.  
CITY-ST-ZIP FT. MYERS FL

TITLE EVP  
NAME DOVER, CAROL B  
STREET ADDRESS RT. 1, BOX 3016  
CITY-ST-ZIP HAVANA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C/D  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ORLANDO-FL-32819

2.1 TITLE CE/D  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP TAMPA-FL-33606

3.1 TITLE S/T/D  
3.2 NAME HILL, CHARLES B.  
3.3 STREET ADDRESS 795 N SPRING GARDEN AVE  
3.4 CITY-ST-ZIP DELANDO-FL-32720

4.1 TITLE D  
4.2 NAME ENEA, DAN  
4.3 STREET ADDRESS 2655 NE 189 ST  
4.4 CITY-ST-ZIP MIAMI-FL-33180

5.1 TITLE D  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP FT MYERS-FL-33912

6.1 TITLE P  
6.2 NAME  
6.3 STREET ADDRESS 534 DOVER RD  
6.4 CITY-ST-ZIP HAVANA-FL-32333

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99 (850) 244-2250

CR2E037 (11/98)

253926-90037-3  
700602

**1999 NONPROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT #708602**

**13. ADDITIONAL OFFICERS AND DIRECTORS**

7.1 TITLE	D	<input type="checkbox"/> Addition
7.2 NAME	Grayson, Jeff	
7.3 STREET ADDRESS	375 Douglas Ave Ste 1002	
7.4 CITY - STATE - ZIP	Altamonte Springs - FL - 32714	

8.1 TITLE	D	<input type="checkbox"/> Addition
8.2 NAME	Brown, Beirne	
8.3 STREET ADDRESS	1300 3rd St S	
8.4 CITY - STATE - ZIP	Naples - FL - 34102	