

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90333 001 \*\*\*122.50

**DOCUMENT # 708602**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-0571930**

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**

**DOVER, CAROL B  
 230 S. ADAMS ST.  
 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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME	<b>D</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>MURRAY, DENNIS J 8821 BAY HARBOUR BLVD. ORLANDO FL 32836</b>	
TITLE NAME	<b>CD</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>SHUMATE, OTHO W 1413 S. HOWARD TAMPA FL 33606</b>	
TITLE NAME	<b>CDE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>HILL, CHARLES B 795 N SPRING GARDEN AVE DELAND FL 32720</b>	
TITLE NAME	<b>STD</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>ENEAN, DANIEL M 2655 NE 189 ST MIAMI FL 33180</b>	
TITLE NAME	<b>D</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>MCALEAVER, SHANNON 5900 LAKE ELLENOR DR ORLANDO FL 32859</b>	
TITLE NAME	<b>P</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>DOVER, CAROL B 534 DOVER RD HAVANA FL 32333</b>	

TITLE NAME	<b>D/S/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>PATRONIS JR, JIMMY 5551 N LAGOON DR PANAMA CITY BEACH-FL-32408</b>	
TITLE NAME	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
TITLE NAME	<b>D/C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
TITLE NAME	<b>D/CE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
TITLE NAME	<b>MCALEAVEY, SHANNON</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

**CAROL B. DOVER** 4/9/01 850/224-2250

Date Daytime Phone #

CR2E037 (10/00)