2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 708602

FILED Sep 09, 2003 Secretary of State

Entity Name: THE FLORIDA RESTAURANT ASSOCIATION, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
230 S. ADA TALLAHAS	MS ST. SEE, FL 32301	US			
Current Mailing Address:			New Maili	New Mailing Address:	
P.O. BOX 1		n lie			
TALLAHAS	SEE, FL 32302	2 US			
FEI Number:	59-0571930	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and	Address of New Registered Agent:	
DOVER, C. 230 S. ADA TALLAHAS		US			
The above in the State		bmits this statement for the pu	rpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electronic	Signature of Registered Agent	t	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () E PATRONIS, JIMM 5551 N LAGOON PANAMA CITY, F	DR	Title: Name: Address: City-St-Zip:	DST (X) Change () Addition PATRICK, MARY 8229 CHATHAM POINTE COURT ORLANDO, FL 32835	
Title: Name: Address: City-St-Zip:	DST () D JORDAN, DEBBIE 2111 BRANEM AV FORT MYERS, F	E √E.	Title: Name: Address: City-St-Zip:	D (X) Change () Addition JORDAN, DEBBIE 2111 BRANEM AVE. FORT MYERS, FL 33901	
Title: Name: Address: City-St-Zip:	D () E HILL, CHARLES I 795 N SPRING G DELAND, FL 327	ARDEN AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DC () E ENEA, DANIEL M 2655 NE 189 ST MIAMI, FL 33180		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DCE () E GRAYSON, JEFF 313 MACARTHUF MAITLAND, FL 3	RPL.	Title: Name: Address: City-St-Zip:	DC (X) Change () Addition GRAYSON, JEFF 313 MACARTHUR PL. MAITLAND, FL 32751	
Title: Name: Address: City-St-Zip:	P () D DOVER, CAROL 534 DOVER RD HAVANA, FL 323		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOVER, CAROL B P 09/09/2003

DCE MCALEAVEY, SHANNON 5900 LAKE ELLENOR DRIVE ORLANDO, FL 32859