

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

NR92923  
AV

03-17-2003 90073 039 \*\*\*150.00

**DOCUMENT #** G25570

1. Entity Name  
**BAR-B-QUE MANAGEMENT, INC.**



Principal Place of Business  
**% JOHN W. KIRKPATRICK, III**  
2531 NORTHWEST 41ST ST., BLDG. D  
GAINESVILLE FL 32606

Mailing Address  
**% JOHN W. KIRKPATRICK, III**  
2531 NORTHWEST 41ST ST., BLDG. D  
GAINESVILLE FL 32606



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**5203 NW 49th Lane**  
Suite, Apt. #, etc.

3. Mailing Address  
**5203 NW 49th Lane**  
Suite, Apt. #, etc.

City & State  
**Gainesville FL**

City & State  
**Gainesville FL**

Zip  
**32653** Country  
**USA**

Zip  
**32653** Country  
**USA**

4. FEI Number  
**59-2262334**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KIRKPATRICK, JOHN W., III**  
2531 NORTHWEST 41ST ST., BLDG. D  
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**5203 NW 49th Lane**

City **Gainesville** FL Zip Code **32653**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John W. Kirkpatrick III* DATE **3/12/03**  
Signature of registered agent or printer name of registered agent (if not applicable) (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE <b>DP</b>	<input type="checkbox"/> Delete
NAME <b>KIRKPATRICK, JOHN W III</b>	
STREET ADDRESS <b>2531 NW 41ST ST., BLDG D</b>	
CITY-ST-ZIP <b>GAINESVILLE, FL 00000</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>5203 NW 49th Lane</b>	
CITY-ST-ZIP <b>Gainesville, FL 32653</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 607, 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: *John W. Kirkpatrick III* DATE: **3/12/03** 352-376-0353  
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (10/02)