

2000 UNIFORM BUSINESS REPORT (UBR)

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

07-19-2000 90021 033 ***550.00

DOCUMENT # H17846

1. Entity Name

BENNETT'S BAR-B-QUE, INC.

Principal Place of Business

6551 S REVERE PKWY #285
 ENGLEWOOD CO 80111

Mailing Address

6551 S REVERE PKWY #285
 ENGLEWOOD CO 80111

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

84-0959377

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

7. Name and Address of New Registered Agent

FISHER, MICHAEL W.
2600 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 Delete
 NAME **VP**
 STREET ADDRESS **STROWMATT, CRISSY**
 CITY-ST-ZIP **9498 WILSHIRE DRIVER**
HIGHLANDS RANCH CO 80126

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP**
 STREET ADDRESS **COLEMAN, AMY**
 CITY-ST-ZIP **2730 OVERLOOK DR**
BROOMFIELD CO 80021

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S**
 STREET ADDRESS **SHOTWELL, JUDITH G.**
 CITY-ST-ZIP **6428 S. ELMIRA CIRCLE**
ENGLEWOOD CO

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP**
 STREET ADDRESS **HIGGINS, SID**
 CITY-ST-ZIP **6075 S. JAMAICA WAY**
ENGLEWOOD CO

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **KNIGHT, C. FINLEY JR.**
 CITY-ST-ZIP **4230 ORTEGA BLVD.**
JACKSONVILLE FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP**
 STREET ADDRESS **WILLIAM, MCCORMICK**
 CITY-ST-ZIP **11433 BROWNSTONE DR**
PARKER CO

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *WILLIAM MCCORMICK* **WILLIAM MCCORMICK**

7/11/00

303 792 3088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR-2E 034 (15/00)