

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90120 012 ***150.00

DOCUMENT # P97000047806

1. Entity Name
BBQ INVERNESS, INC.

Principal Place of Business 6895 S.W. 18TH TERRACE ROAD Ocala FL 34476	Mailing Address 6895 S.W. 18TH TERRACE ROAD Ocala FL 34476-5924
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 750 W. Main Street Suite, Apt. #, etc.	3. Mailing Address 1320 SE 25th Loop Suite, Apt. #, etc. Suite 101
--	---

City & State Inverness FL	City & State Ocala, FL	4. FEI Number 59-3453205	Applied For <input type="checkbox"/> Not Applicable
-------------------------------------	----------------------------------	------------------------------------	--

Zip 34450	Country USA	Zip 34471	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
---------------------	-----------------------	---------------------	-----------------------	---

6. Name and Address of Current Registered Agent KIRKPATRICK, JOHN W IV 3550 S.E. 25TH AVE. Ocala FL 34471	7. Name and Address of New Registered Agent Name Same name Street Address (P.O. Box Number, is Not Acceptable) 6895 SW 18th Terrace Rd City Ocala, FL Zip Code 34476
---	--

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 _____ (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. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRKPATRICK, JOHN W IV 6895 S.W. 18TH TERRACE ROAD OCALA FL 34476	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRKPATRICK, JOHN W III 2531 NW 41ST ST #D GAINESVILLE FL 32606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIXON, WESLEY P O BOX 133 N/A MCINTOSH FL 32664	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: John W Kirkpatrick IV (John W Kirkpatrick IV) 5/1/00 352861-2110
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)