2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

	MENT # P970000	47806						
1. Entity Name BBQ INVERNESS, INC.					FILED			
			• 5		01 JAN 18 A	M II: 02		
Principal Plac	ce of Business	Mailing Address		-				
750 W MAIN ST 750 W MAIN ST INVERNESS FL 34450 INVERNESS FL 34			· -		SECRETARY OF STATE TALLAHASSEE FLORIDA			
2. Principal Place of Business 3. Mailing Address			anoliati	2.0				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<i>r</i> e	DO NOT WRITE IN THIS SPACE			
City & State		City & State OCalg, FC		4. 1	FEI Number 59-3453205		oplied For ot Applicable	
Zip	Country	^{Zip} 34474	Country US/14		Certificate of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current R	legistered Agent	Name	7. 1	Name and Address of New Registered	Agent		
KIRKPATRICK, JOHN W IV 6895 SW 18TH TERRACE RD OCALA FL 34476				Street Address (P.O. Box Number is Not Acceptable)				
			City	City FL Zip Code				
			•	.00	10. Election Campaign Financing		00 May Be	
11.	OFFICERS AND D	<u>. </u>	12.		DITIONS/CHANGES TO OFFICERS AND	DIRECTOR:	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRKPATRICK, JOHN W IV 6895 S.W. 18TH TERRACE ROAD OCALA FL 34476	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7.10	1011101107011111102110711110	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITŸ-ST-ZIP	D KIRKPATRICK, JOHN W III 2531 NW 41ST ST #D GAINESVILLE FL 32606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	at.		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D . DIXON, WESLEY P O BOX"133 N/A MCINTOSH FL 32664	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		200003573 -01/24/01(****676.25	992- 01078(****1	□ Addition 012 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition .	
13. I hereby of indicated of the cor	certify that the information supplied with t I on this report or supplemental report is to poration or the receiver or trustee empore	his filing does not qualify for the rue and accurate and that my vered to execute this report as	ne exemption stated in signature shall have s required by Chapte	in Section the same i r 607, Flori	119.07(3)(i), Florida Statutes. I further ce legal effect as if made under oath; that I da Statutes; and that my name appears i	rtify that the in am an officer in Block 11 or	nformation or director Block 12 if	