

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90033 014 ***150.00

DOCUMENT # P97000047806
 1. Entity Name
BBQ INVERNESS, INC.

Principal Place of Business: **750 W MAIN ST INVERNESS FL 34450**
 Mailing Address: **202 S. MAGNOLIA AVE #3 OCALA FL 34474**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: **2107 SE 3rd Avenue**
 Suite, Apt. #, etc.
 City & State: **Ocala, FL**
 Zip: **34471** Country: **USA**

4. FEI Number: **59-3453205**
 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
KIRKPATRICK, JOHN W IV -deceased
6895 SW 18TH TERRACE RD
OCALA FL 34476

7. Name and Address of New Registered Agent
 Name: **Kirkpatrick, Sandra Kaye**
 Street Address (P.O. Box Number is Not Acceptable): **6895 SW 18 Terr. Rd.**
 City: **Ocala** State: **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: **S. Kaye Kirkpatrick** DATE: **1/15/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE: D	<input checked="" type="checkbox"/> Delete
NAME: KIRKPATRICK, JOHN W IV	
STREET ADDRESS: 6895 S.W. 18TH TERRACE ROAD	
CITY-ST-ZIP: OCALA FL 34476	
TITLE: D	<input type="checkbox"/> Delete
NAME: KIRKPATRICK, JOHN W III	
STREET ADDRESS: 2531 NW 41ST ST #D	
CITY-ST-ZIP: GAINESVILLE FL 32606	
TITLE: D	<input type="checkbox"/> Delete
NAME: DIXON, WESLEY	
STREET ADDRESS: P O BOX 133 N/A	
CITY-ST-ZIP: MCINTOSH FL 32664	
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:	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Sandra Kaye Kirkpatrick	
STREET ADDRESS: 6895 SW 18th Terrace Rd.	
CITY-ST-ZIP: Ocala, FL 34476	
TITLE: Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Kenneth Kirkpatrick	
STREET ADDRESS: Po Box 2495	
CITY-ST-ZIP: Ocala FL 34478	
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:	

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: **S. Kaye Kirkpatrick** DATE: **1/15/02** Daytime Phone #: **3526202514**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)