

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 25, 2002 8:00 am**
Secretary of State

01-25-2002 90004 006 ****61.25

DOCUMENT # 713340

1. Entity Name

BARTOW FOOD SERVICE CLUB, INC.

Principal Place of Business

Mailing Address

**2250 SOUTH FLORAL AVENUE
BARTOW FL 33830****2250 SOUTH FLORAL AVENUE
BARTOW FL 33830**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1200556

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****THACKREY, PATTY
720 S JACKSON AVE
BARTOW FL 33830**

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

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	THACKREY, PATTY	720 S JACKSON AVENUE	BARTOW FL	<input type="checkbox"/>
STD	LAWN, BARBARA OWEN	2250 S. FLORAL	BARTOW FL	<input type="checkbox"/>
D	RENFROE, BILL	2155 PALMA CEIA COURT	BARTOW, FL 00000	<input type="checkbox"/>
D	ROUSE, FRANK ATTY	680 E MAIN ST	BARTOW FL	<input type="checkbox"/>
D	DELEGGE, JOE	450 N. WILSON	BARTOW FL	<input type="checkbox"/>
VD	BOHDE, FRED J	1175 E. GEORGE ST.	BARTOW FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)