

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90112 009 ****61.25

DOCUMENT # 713340

1. Entity Name

BARTOW FOOD SERVICE CLUB, INC.



Principal Place of Business

**2250 SOUTH FLORAL AVENUE
BARTOW FL 33830**

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number **59-1200556**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**THACKREY, PATTY
720 S JACKSON AVE
BARTOW FL 33830**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Barbara Owen Lawn Secy/Treas

4-21-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	

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:

Barbara Owen Lawn

4-21-03

863-534-0120

CR2E037 (10/02)