

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

DOCUMENT # 713340

1. Entity Name  
BARTOW FOOD SERVICE CLUB, INC.



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

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

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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip      Country

City & State  
Zip      Country

4. FEI Number **59-1200556**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional  
Fee Required

**6. Name and Address of Current 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. 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  
NAME THACKREY, PATTY  
STREET ADDRESS 720 S JACKSON AVENUE  
CITY-ST-ZIP BARTOW FL

Delete

TITLE STD  
NAME LAWN, BARBARA OWEN  
STREET ADDRESS 2250 S. FLORAL  
CITY-ST-ZIP BARTOW FL

Delete

TITLE D  
NAME RENFROE, BILL  
STREET ADDRESS 2155 PALMA CEIA COURT  
CITY-ST-ZIP BARTOW, FL 00000

Delete

TITLE D  
NAME ROUSE, FRANK ATTY  
STREET ADDRESS 680 E MAIN ST  
CITY-ST-ZIP BARTOW FL

Delete

TITLE D  
NAME DELEGE, JOE  
STREET ADDRESS 450 N. WILSON  
CITY-ST-ZIP BARTOW FL

Delete

TITLE VD  
NAME BOHDE, FRED J  
STREET ADDRESS 1175 E. GEORGE ST.  
CITY-ST-ZIP BARTOW FL

Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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*

*4-21-03 863-533-0120*