

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001760

1. Entity Name

JOHN Q. HAMMONS FOOD AND BEVERAGE HOLDING COMPAN

Principal Place of Business

300 HAMMONS PKWY., #900
SPRINGFIELD MO 65806

Mailing Address

300 HAMMONS PKWY., #900
SPRINGFIELD MO 65806

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90006 048 ***550.00

0145801 SP

RU001102



DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1686901

Applied For
Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

PTD
HAMMONS, JOHN Q
300 HAMMONS PKWY., #900
SPRINGFIELD MO 65806

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY- ST- ZIP

SD
DOWDY, JACQUELINE A
300 HAMMONS PKWY., #900
SPRINGFIELD MO 65806

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN Q. HAMMONS, PRES.

Date

Daytime Phone #

7-6-01 417-864-4320

CR2E034 (5/01)