## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Feb 26, 2001 8:00 am Secretary of State **DOCUMENT # G24606** 1. Entity Name BAR-B-QUE DEVELOPMENT CORPORATION 02-26-2001 90537 007 \*\*\*150.00 Principal Place of Business Mailing Address 1935-1 SOUTH LANE AVE. 1935-1 SOUTH LANE AVE. JACKSONVILLE FL 32210 JACKSONVILLE FL 32210 US U\$ 814635 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2260952 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HIRES: TED M. - SR ----Street Address (P.O. Box Number is Not Acceptable) 1935-1 SOUTH LANE AVE. JACKSONVILLE FL 32210 Zip Code FL 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Delete TITLE \_\_\_ Addition HIRES, TED M., SR. NAME STREET ADDRESS 1935-1 SOUTH LANE AVE. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP **Delete** ☐ Addition TITLE TITLE ☐ Change TILLMAN, FLOYD E NAME NAME STREET ADDRESS 430 NE 1ST AVE, STE A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIGH SPRINGS FL Sec. & Treasurer TITLE □ Delete TITLE Change Addition HIRES, WANDA J Hires, Wanda J. NAME NAME STREET ADDRESS 1935-1 SOUTH LANE AVE 1935 S. Lane Ave. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP Jacksonville, FL 32210 TITLE □ Dolete TITLE Asst. Sec. & Treasurer X Addition NAME NAME Turner, Judy R. STREET ADDRESS STREET ADDRESS 1935 S. Lane Ave. CITY-ST-ZIP CITY-ST-ZIP <u>Jacksonville. FL</u> .32210 □ Delete TITLE ☐ Change Addition Vice President NAME NAME Hires, Wesley STREET ADDRESS STREET ADDRESS 1935 S. Lane Ave. CITY-ST-ZIP CITY-ST-ZIP <del>Jacksonville, FL-</del> ☐ Delete TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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.

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