

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H17846**

1. Entity Name

BENNETT'S BAR-B-QUE, INC.

Principal Place of Business

6551 S REVERE PKWY #285
ENGLEWOOD CO 80111

Mailing Address

6551 S REVERE PKWY #285
ENGLEWOOD CO 80111

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

84-0959377

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

FISHER, MICHAEL W.
2600 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

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.

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 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **VP** ☒ Delete
NAME **STROMMATT, CRISSY**
STREET ADDRESS **9498 WILSHIRE DRIVER**
CITY-ST-ZIP **HIGHLANDS RANCH CO 80126**TITLE **VP** ☐ Delete
NAME **COLEMAN, AMY**
STREET ADDRESS **2730 OVERLOOK DR**
CITY-ST-ZIP **BROOMFIELD CO 80021**TITLE **S** ☒ Delete
NAME **SHOTWELL, JUDITH G.**
STREET ADDRESS **6428 S. ELMIRA CIRCLE**
CITY-ST-ZIP **ENGLEWOOD CO**TITLE **VP** ☐ Delete
NAME **HIGGINS, SID**
STREET ADDRESS **6075 S. JAMAICA WAY**
CITY-ST-ZIP **ENGLEWOOD CO**TITLE **D** ☐ Delete
NAME **KNIGHT, C. FINLEY JR.**
STREET ADDRESS **4230 ORTEGA BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE **VP** ☐ Delete
NAME **WILLIAM, MCCORMICK**
STREET ADDRESS **11433 BROWNSTONE DR**
CITY-ST-ZIP **PARKER CO**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP

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: *WILLIAM MCCORMICK*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/00

Date

303 792 3088

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CP-2E 034 (5/00)