

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L26794

1. Entity Name

WOODY'S BAR-B-Q IX, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90007 033 ***150.00

Principal Place of Business

Mailing Address

% JAMES W. MILLS
1626 ATLANTIC UNIVERSITY CIRCLE
JACKSONVILLE FL 32207-2227

~~7751 BELFORT PARKWAY~~
~~SUITE 175~~
~~JACKSONVILLE FL 32256-8943~~
~~US~~

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

59-2975848

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

MILLS, JAMES W.
7751 BELFORT PARKWAY
SUITE 175
JACKSONVILLE FL 32256

Name

Street Address (P.O. Box Number is Not Acceptable)

6960 BONNEVILLE ROAD

Suite 101

City

JACKSONVILLE

FL

Zip Code

32216

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 DP ☐ Delete
NAME MILLS, JAMES W JR
STREET ADDRESS 203 N ROSCOE BLVD
CITY-ST-ZIP PONTE VEDRA BCH FL 32082

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MILLER, SCOTT
STREET ADDRESS 100 KINEFISHER DR
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME MILLS, YOLANDA H.
STREET ADDRESS 8045 WHISPER LAKE LANE W
CITY-ST-ZIP PONTE VEDRA BCH FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 100 KINEFISHER DR.
CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/2000 904 296 6948
Date Daytime Phone #

CR2E034 (9/99)