

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 26 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11700

DOCUMENT # L99000001692

1. Entity Name
SPRING NATIONAL BARBECUE FESTIVAL, L.C.

Principal Place of Business
5242 REDWOOD PLACE
PLANTATION FL 33317

Mailing Address
5242 REDWOOD PLACE
PLANTATION FL 33317-1944

2. Principal Place of Business
Suite, Apt. #, etc.

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

City & State PLANTATION, FL 33317

City & State PLANTATION, FL 33317

Zip Country USA

Zip Country USA

4. FEI Number #592082553

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
C. ROBERT MARKHAM FOUNDATION, INC.
5242 REDWOOD PLACE
PLANTATION FL 33317

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
400003317364--8
-07/10/00--01024--001
City FL 33317

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR PRESIDENT	MARKHAM, MADOLYN	5242 REDWOOD PLACE	PLANTATION FL 33317	<input type="checkbox"/>
VICE PRESIDENT	GAYLORD A. WOOD	304 SW 12 STREET	FORT LAUDERDALE, FL 33316	<input type="checkbox"/>
SECRETARY	SHARON R. MARKHAM	58 CAYUGA ROAD	SEA RANCH LAKES, FL 33308	<input type="checkbox"/>
MANAGER	JAMES RHODES MARKHAM	58 CAYUGA ROAD	SEA RANCH LAKES, FL 33308	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Gaylord A. Wood* 4-15-2000 954.463.4040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #