2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 22, 2002 8:00 am § Secretary of State DÖCUMENT # L9900001692 05-22-2002 90200 048 ****50.00 SPRING NATIONAL BARBECUE FESTIVAL, L.C. Principal Place of Business Mailing Address 5242 REDWOOD PLACE 5242 REDWOOD PLACE PLANTATION FL 33317 PLANTATION FL 33317 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. EEI Number Applied For 59-2082553 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired -- - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C. ROBERT MARKHAM FOUNDATION, INC. Street Address (P.O. Box Number is Not Acceptable) 5242 REDWOOD PLACE PLANTATION FL 33317 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM (9/01) Delete TITLE ☐ Change Addition MARKHAM, MADOLYN NAME NAME STREET ADDRESS 5242 REDWOOD PLACE STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33317 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE Change Addition WOOD, GAYLORD A NAME NAME STREET ADDRESS **304 SW 12 STREET** STREET ADDRESS CITY-ST-ZIP FT.LAUDERDALE FL 33316 CITY-ST-ZIP MGR TITLE Delete TITI F ☐ Change Addition MARKHAM, SHARON R NAME NAME STREET ADDRESS 58 CAYUGA RD. STREET ADDRESS CITY-ST-ZIP **SEA RANCH LAKES FL 33308** CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition MARKHAM, JAMES RHODES NAME MAME STREET ADDRESS 58 CAYUGA RD STREET ADDRESS CITY-ST-ZIP SEA RANCH LAKES FL 33308 CITY-ST-ZIP Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

REDMEN. Way 9-2012 934 463-404

NAGER, OR AUTHORIZED REPRESENTATIVE Date

Date

Designed Bloom & Designed Bl

☐ Change

☐ Addition