

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

311000
2

DOCUMENT # L99000008399

1. Entity Name
TRUE DOUBLE TWO BBQ, LLC

00 APR 28 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7122 PELICAN ISLAND DRIVE
TAMPA FL 33634

Mailing Address
7122 PELICAN ISLAND DRIVE
TAMPA FL 33634-7463



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3613780** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
FOWLER, WHITE, GILLEN, BOGGS, VILLAREAL
ATTN: R. ALAN HIGBEE
501 E. KENNEDY BLVD., SUITE 1700
TAMPA FL 33602

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

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

300003249913--6
-05/12/00-01025--001
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR SCHELDDORF, THOMAS A. 7122 PELICAN ISLAND DRIVE TAMPA, FL 33634 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR TERENZI, TERENCE 7122 PELICAN ISLAND DRIVE TAMPA, FL 33634 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

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 606, Florida Statutes.

SIGNATURE: Terence Terenzi Terence Terenzi 4/27/00 (813) 889-7865

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