

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008647

1. Entity Name

FRED FLEMING'S FAMOUS BAR-B-QUE RESTAURANTS, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 14 PM 4:32

Principal Place of Business

7122 PELICAN ISLAND DRIVE  
TAMPA FL 33634

Mailing Address

7122 PELICAN ISLAND DRIVE  
TAMPA FL 33634

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

59-3613778

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIGBEE, R. ALAN

FOWLER, WHITE, GILLEN, BOGGS VILLEREAL

501 EAST KENNEDY BLVD., SUITE 1700

TAMPA FL 33602

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

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE CEO Mgr. ☐ Delete  
NAME Thomas Schelldorf  
STREET ADDRESS 7122 Pelican Isl Drive  
CITY-ST-ZIP Tampa FL 33607

TITLE ☐ Change ☐ Addition  
NAME 200003328852-1  
STREET ADDRESS -07/19/00-01123-015  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE Pres/CO/Sec/Treas Mgr. ☐ Delete  
NAME Terence Terenzi  
STREET ADDRESS 7122 Pelican Isl Drive  
CITY-ST-ZIP Tampa FL 33607

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

TITLE Exec VP Mgr. ☐ Delete  
NAME Brian Stormen  
STREET ADDRESS 7122 Pelican Isl Drive  
CITY-ST-ZIP Tampa FL 33607

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Thomas Schelldorf*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

NOT REQUIRED

7/12/00

Date

813 286 8889

Daytime Phone #

CR2E083 (5/00)