

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0018087 AF

01 MAY -2 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # **L99000008647**  
1. Entity Name  
**FRED FLEMING'S FAMOUS BAR-B-QUE RESTAURANTS, LLC**

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  
**1111 N Westshore Blvd**  
Suite, Apt. #, etc.  
**200 A**  
City & State  
**Tampa FL**  
Zip  
**33607**  
Country  
**USA**

3. Mailing Address  
**1111 N Westshore Blvd**  
Suite, Apt. #, etc.  
**200 A**  
City & State  
**Tampa FL**  
Zip  
**33607**  
Country  
**USA**

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

**HIGBEE, R. ALAN**  
**FOWLER, WHITE, GILLEN, BOGGS VILLEREAL**  
**501 EAST 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 NO. 1111 FEE IS \$50.00**  
**Make Check Payable to Department of State**

**300004302943--5**  
**-05/23/01--01105--013**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHELLDORF, THOMAS 7122 PELICAN ISLAND DRIVE TAMPA FL 33634	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TERENZI, TERENCE 7122 PELICAN ISLAND DRIVE TAMPA FL 33634	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STORMAN, BRIAN 7122 PELICAN ISLAND DRIVE TAMPA FL 33634	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1111 N WESTSHORE BLVD 200A TAMPA FL 33607</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MGR/P/T/S 1111 N WESTSHORE BLVD 200A TAMPA FL 33607</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MGR COKER, CLARK E 1111 N WESTSHORE BLVD 200A TAMPA FL 33607</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MGR FLEMING, PRED 1111 N WESTSHORE BLVD 200A TAMPA FL 33607</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.

SIGNATURE: *Pred Fleming* **REQUIRE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/30/01**

Date

**813 286 9192**

Daytime Phone #

CR2E083 (11/00)