

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90237 034 ****61.25

DOCUMENT # N00000004510

1. Entity Name
FLORIDA BAR B QUE ASSOCIATION INC.

Principal Place of Business Mailing Address
11215 S ORANGE AVE **11215 S ORANGE AVE**
ORLANDO FL 32824 **ORLANDO FL 32824**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
4341 NE 13th STREET

City & State City & State
ORLANDO FL 32824 **OCALA FL 34770**

Zip Country Zip Country
32824 **FL** **34770** **FL**

4. FEI Number Applied For
59-3663701 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DOMINY, THOMAS E
11215 S ORANGE AVE
ORLANDO FL 32824

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 _____
 Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete DOMINY, THOMAS E 11215 S ORANGE AVE ORLANDO FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SPRADLEN, NORMAN L 3306 N COMBEE RD LAKELAND FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete STANALAND, CHARLES J 4341 N E 13TH ST OCALA FL 34770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RICKY GINSBURG 11161 SANDYSHELL WAY BOCA RATON FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TORY BOMBARD 5215 Shady Oak Dr N Lakeland FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOHN RADCLIFF 205 KING STREET WEST ORLANDO, FL 32804-4545
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition CHARLES STANALAND 4341 NE 13th STREET OCALA FL 34770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RICKY GINSBURG 11161 SANDYSHELL WAY BOCA RATON FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D ROBERT BROWN 10629 JONATHAN DRIVE ORLANDO FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1 SECRETARY ERIC EBERSBACH 128 W HAZEL ST ORLANDO FL 32804

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tory Bombard* **SECRETARY** 4 - 01 863-834-6207
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)