

**NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N00000004510**  
 1. Entity Name  
**FLORIDA BAR-B-QUE ASSOCIATION, INC.**

822421

**DO NOT WRITE IN THIS SPACE**

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>11215 S. ORANGE AV.</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>455 MAGNOLIA AVE.</b><br>Suite, Apt. #, etc.<br><b>SUITE A</b> |
|---|---|

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|   |   |                                    |  |
|---|---|------------------------------------|--|
| City & State<br><b>ORLANDO, FL</b>  | City & State<br><b>MERRITT ISLAND, FL</b> | 4. FEI Number<br><b>59-3663701</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br><b>32824</b>   | Country                                   | Zip<br><b>32952</b>                | Country  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |                                    |  |

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**7. Name and Address of Current Registered Agent**

Name **DOMINY, THOMAS E**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11215 S. ORANGE AVE**  
 City **ORLANDO** **FL** Zip Code **32824**

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 \_\_\_\_\_

|   |   |  |
|---|---|--|
| <b>FEE IS \$61.25</b><br>Initial or Amended UBR | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Department of State</b> |
|---|---|--|

| 10. OFFICERS AND DIRECTORS |                          |                |  |
|----------------------------|--------------------------|----------------|--|
| TITLE                      | P<br>CHARLES STAVLAND    | TITLE          |  |
| NAME                       | 4341 NE 13th ST          | NAME           |  |
| STREET ADDRESS             | OCALA, FL 34770          | STREET ADDRESS |  |
| CITY-ST-ZIP                |                          | CITY-ST-ZIP    |  |
| TITLE                      | VP<br>MAURICE BARNLUND   | TITLE          |  |
| NAME                       | 435 N. OBSERVATORY DR.   | NAME           |  |
| STREET ADDRESS             | ORLANDO, FL 32835        | STREET ADDRESS |  |
| CITY-ST-ZIP                |                          | CITY-ST-ZIP    |  |
| TITLE                      | S<br>ERIC EBERSBACH      | TITLE          |  |
| NAME                       | 128 W. HAZEL ST.         | NAME           |  |
| STREET ADDRESS             | ORLANDO, FL 32804        | STREET ADDRESS |  |
| CITY-ST-ZIP                |                          | CITY-ST-ZIP    |  |
| TITLE                      | T<br>JOHN W. FAUL        | TITLE          |  |
| NAME                       | 801 GRANDVIEW DR         | NAME           |  |
| STREET ADDRESS             | MERRITT ISLAND, FL 32952 | STREET ADDRESS |  |
| CITY-ST-ZIP                |                          | CITY-ST-ZIP    |  |
| TITLE                      | D<br>MARY JACKSON        | TITLE          |  |
| NAME                       | 5618 MARY'S VILLA RD     | NAME           |  |
| STREET ADDRESS             | GROVELAND, FL 34736      | STREET ADDRESS |  |
| CITY-ST-ZIP                |                          | CITY-ST-ZIP    |  |
| TITLE                      | D<br>ROBERT BROWN        | TITLE          |  |
| NAME                       | 10629 JONATHAN DR.       | NAME           |  |
| STREET ADDRESS             | ORLANDO, FL 32825        | STREET ADDRESS |  |
| CITY-ST-ZIP                |                          | CITY-ST-ZIP    |  |

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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 on an attachment with an address, with all other officers employed.

SIGNATURE: John W. Faul **JOHN W. FAUL** **TREASURER** **1/30/02** **321-449-9300**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)

10. OFFICERS & DIRECTORS

Attachment  
ACT# N0000000041510

D

RICKY GINSBURG  
11161 SANDYSHELL WAY  
BOCA RATON, FL 33498

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D

JADY HILL

PO BOX 253

SEBRING, FL 33870

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D

CHUCK RAY

1540 SE 34<sup>th</sup> PLACE

OCALA, FL 34480

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