


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90517 043 ****61.25

DOCUMENT # N00000004510

1. Entity Name
FLORIDA BAR B QUE ASSOCIATION INC.



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

Mailing Address
**455 MAGNOLIA AVE
SUITE A
MERRITT ISLAND FL 32952**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
4349 BOGGY CREEK RD
City & State
KISSIMMEE, FL
Zip
34744

3. Mailing Address
Suite, Apt. #, etc.
5422 ENDICOTT PLACE
City & State
OVIEDO, FL
Zip
32765-6183

4. FEI Number **59-3663701** Applied For
 Not Applicable

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

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
DOMINY, THOMAS E
Street Address (P.O. Box Number is Not Acceptable)
4349 BOGGY CREEK RD.
City
KISSIMMEE FL 34744

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FAUL, JOHN W	
STREET ADDRESS	801 GRANDVIEW DR	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARNLUND, MAURICE	
STREET ADDRESS	435 N OBSERVATORY DR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	P	<input type="checkbox"/> Delete
NAME	STANALAND, CHARLES J	
STREET ADDRESS	4341 N E 13TH ST	
CITY-ST-ZIP	OCALA FL 34770	
TITLE	D	<input type="checkbox"/> Delete
NAME	GINSBURG, RICKY	
STREET ADDRESS	11161 SANDYSHELL WAY	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, ROBERT	
STREET ADDRESS	10629 JONATHAN DRIVE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	S	<input type="checkbox"/> Delete
NAME	EBERSBACH, ERIC	
STREET ADDRESS	128 W. HAZEL ST.	
CITY-ST-ZIP	ORLANDO FL 32804	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK KUHN	
STREET ADDRESS	5422 ENDICOTT PLACE	
CITY-ST-ZIP	OVIEDO, FL 32765-6183	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: John W. Faul **JOHN W. FAUL** 1-17-03 321-449-9300

CR2E037 (10/02)