

AMENDED

08-20-2003 90050 050 ****70.00

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03 AUG 22 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # N00000004510

1. Entity Name
FLORIDA BAR B QUE ASSOCIATION INC.



Principal Place of Business
4349 BOGGY CREEK RD
KISSIMMEE, FL 34744

Mailing Address
5422 ENDICOTT PLACE
OVIEDO, FL 32765

2. Principal Place of Business
4341 NE 13TH ST
Suite, Apt. #, etc.

3. Mailing Address
11161 SANDYSHELL WAY
Suite, Apt. #, etc.

City & State
OCALA FL

City & State
BOCA RATON FL

Zip
34470

Country
USA

Zip
33498

Country
USA



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DOMINY, THOMAS E
4349 BOGGY CREEK RD
KISSIMMEE, FL 34744

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

4. FEI Number
59-3663701

Applied For
Not Applicable

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when missing.)

FILE NOW: FEES \$8.75
\$10.00 (if making changes)

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 | |
|---|--|
| T NAME: KUHN, FRANK STREET ADDRESS: 6422 ENDICOTT PLACE CITY-ST-ZIP: OVIEDO, FL 32765 | <input checked="" type="checkbox"/> Delete |
| VP NAME: BARNLUND, MAURICE STREET ADDRESS: 436 N OBSERVATORY DR CITY-ST-ZIP: ORLANDO, FL 32836 | <input checked="" type="checkbox"/> Delete |
| P NAME: STANALAND, CHARLES J STREET ADDRESS: 4341 NE 13TH ST CITY-ST-ZIP: OCALA, FL 34770 | <input type="checkbox"/> Delete |
| D NAME: GINSBURG, RICKY STREET ADDRESS: 11161 SANDYSHELL WAY CITY-ST-ZIP: BOCA RATON, FL 33498 | <input checked="" type="checkbox"/> Delete |
| D NAME: BROWN, ROBERT STREET ADDRESS: 10829 JONATHAN DRIVE CITY-ST-ZIP: ORLANDO, FL 32826 | <input type="checkbox"/> Delete |
| S NAME: EBERSBACH, ERIC STREET ADDRESS: 128 W. HAZEL ST. CITY-ST-ZIP: ORLANDO, FL 32804 | <input checked="" type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|
| T NAME: GINSBURG, RICKY STREET ADDRESS: 11161 SANDYSHELL WAY CITY-ST-ZIP: BOCA RATON FL 33498 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| D NAME: SPADLEN, NORMAN STREET ADDRESS: 3306 N. COMBEE RD CITY-ST-ZIP: LAKELAND FL 33805 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| D NAME: JACKSON, MARY STREET ADDRESS: 5218 MARY'S VILLA RD CITY-ST-ZIP: GROVELAND FL 34736 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| D NAME: RAY, DONNA STREET ADDRESS: 3629 SE 15TH ST CITY-ST-ZIP: OCALA FL 34471 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| S NAME: KEVIN BEVINGTON STREET ADDRESS: 1013 FAIRCLOTH RD CITY-ST-ZIP: OVIEDO FL 32765 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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 file empowered.

SIGNATURE: Frank Kuhn FRANK KUHN 8/18/03 4076727724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20037 (10/02)