

# 2001 UNIFORM BUSINESS REPORT (UBR)

8/17

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

08-17-2001 90004 007 \*\*\*\*61.25

**DOCUMENT # N00000005506**

1. Entity Name

**BBQ FRANCHISEE ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O VICENT HEAD  
 203 W ALEXANDER ST  
 PLANT CITY FL 33566

C/O VICENT HEAD  
 203 W ALEXANDER ST  
 PLANT CITY FL 33566

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S PINE ISLAND RD**  
**PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when re-issuing)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT + DIRECTOR** ☐ Delete  
 NAME **ROBERT G. FURMAN**  
 STREET ADDRESS **1663 MOUND STREET**  
 CITY-ST-ZIP **SARASOTA, FLA 34236**

TITLE **DIRECTOR** ☐ Change ☐ Addition  
 NAME **SCOTT CREWS**  
 STREET ADDRESS **P.O. BOX 518**  
 CITY-ST-ZIP **BUNNELL, FLA 32110**

TITLE **VICE PRESIDENT + DIRECTOR** ☐ Delete  
 NAME **DAVID K. MACCULLEY**  
 STREET ADDRESS **2372 NORTH HWY A1A**  
 CITY-ST-ZIP **INDIAN LANTIC, FLA 32903**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SECRETARY + DIRECTOR** ☐ Delete  
 NAME **RICHARD L. DAVIS**  
 STREET ADDRESS **1088 HAVENDALE BLVD**  
 CITY-ST-ZIP **WINTER HAVEN, FLA 33881**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TREASURER + DIRECTOR** ☐ Delete  
 NAME **VINCENT L. HEAD**  
 STREET ADDRESS **203 W. ALEXANDER ST**  
 CITY-ST-ZIP **PLANT CITY, FLA 33566**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Delete  
 NAME **ROGER F. BLANCHARD**  
 STREET ADDRESS **3863 F NOVA ROAD**  
 CITY-ST-ZIP **PORT ORANGE, FLA 32127**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Delete  
 NAME **BASIL CHANDLER**  
 STREET ADDRESS **10771-301 BEACH BLVD**  
 CITY-ST-ZIP **JACKSONVILLE, FLA 32216**

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED37 (5/01)