# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 15, 2000 8:00 am**
**Secretary of State**
05-15-2000 90171 047 ****61.25

DOCUMENT # N48261

1. Entity Name

CHAIN RESTAURANT COMPENSATION ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5900 LAKE ELLENOR DRIVE<br>ORLANDO FL 32859 | 5900 LAKE ELLENOR DRIVE<br>ORLANDO FL 32809-4634 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-0328165 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| REIKER, JON<br>5900 LAKE ELLENOR DRIVE<br>ORLANDO FL 32859 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 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 Department of State** |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>WISHARD, LINDA<br>8918 TESORA #200<br>SAN ANTONIO TX | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>VICK, SANDY<br>1233 HARDEES BLVD<br>ROCKY MOUNT NC 27801 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>John Rains<br>305 Hartmann Dr.<br>Lebanon, TN 37087 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>SCHUTZ, DIANE<br>5500 VILLAGE BLVD<br>WEST PALM BEACH FL 33419 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>FARINA, LINDA<br>6500 INTERNATIONAL PKWY<br>PLANO TX 75093 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S/T<br>Terry Smith<br>203 E. Main St.<br>Spartanburg, SC 29319 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | BSC<br>PRUTSMAN, JOHN<br>4551 W 107TH ST SUITE 100<br>OVERLAND PARK KS 66207 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/99)

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 REQUIRED Terry M. Smith 04/27/00 (864)597-8198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #