

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N48261**

1. Entity Name

CHAIN RESTAURANT COMPENSATION ASSOCIATION, INC.**FILED**
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90088 039 ****61.25

0004696

Principal Place of Business

Mailing Address

5900 LAKE ELLENOR DRIVE
ORLANDO FL 328595900 LAKE ELLENOR DRIVE
ORLANDO FL 32859

980562



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0328165

Applied For

Not Applicable

Zip

Country

Zip

Country

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
5900 LAKE ELLENOR DRIVE
ORLANDO FL 32859

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. 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

After September 13, 2002,
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DV	LANGE, CONNIE	2401 UTAH AVE SOUTH SEATTLE WA 98134	<input type="checkbox"/>
	DP	RAINS, JOHN	305 HARTMANN DRIVE LEBANON TN 37087	<input type="checkbox"/>
	DP	SCHUTZ, DIANE	5500 VILLAGE BLVD WEST PALM BEACH FL 33419	<input type="checkbox"/>
	DV	SMITH, TERRY	203 E MAIN STREET SPARTANBURG SC 29319	<input type="checkbox"/>
	BSC	KAVANAUGH, SHELLI	6820 LBJ FREEWAY DALLAS TX 75240	<input type="checkbox"/>
	ST	WEHR, MARILYN	4288 W DUBLIN - GRANVILLE RD DUBLIN OH 43017	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Marilyn Y. Wehr 9/10/02 (614) 764-3010

CR2E037 (4/02)