## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N48261**

CITY-ST-ZIP

DUBLIN OH 43017

## CHAIN RESTAURANT COMPENSATION ASSOCIATION, INC.

FILED Sep 15, 2002 8:00 am Secretary of State 09-15-2002 90088 039 \*\*\*\*61.25

			I	_			
Principal Place of Business Mailing Add		Mailing Address		_			
5900 LAKE ELLENOR DRIVE ORLANDO FL 32859		5900 LAKE ELLENOR DRIVE ORLANDO FL 32859			980562		
	-					<b>a</b> i? 1111   1111	
2. Principal Place of Business 3. Mailing Address		3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State City & State		City & State		4. FEI Number	^^^^	pplied For	
Zip	Country	Zip Country		5 Certificate of Status Desired \$8.75 Additional			
····	S Name and Address of Comment	Banistanad Assat	<u> </u>		Fee Requir	ed	
	6. Name and Address of Current	Hegistered Agent	Name	7. Name and Addres	ss of New Registered Agent		
REIKER,	JON ~		Street Addre	ess (P.O. Box Number is No	t Acceptable)		
	E ELLENOR DRIVE						
ORLANDO FL 32859		City	City FL Zip Code				
8. The above	e named entity submits this statement fo	r the purpose of changing its	registered office or regi	istered agent, or both, in the	e State of Florida. I am familiar with	n, and accept	
	ations of registered agent.			<b>3</b>		,	
SIGNATURE	Signature, typed or printed name of registered agent	and the American ANOT	E: Registered Agent signature rec	ruivad u baa vainabatina\	DATE		
	Signature, typed or printed harrie or registered agent	and the mapping (NOT	E. negistered Again alginature rec	douer when temorarility	DATE		
		5 - D - Diagram - O-	! <b>F</b> !!		Mater Objects Develope		
	After September 13, 2002, min. will be \$236.25.		mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Check Payable Department of State		
	mm. wm be \$230.25.	• •		riddod to roos	Department or Star		
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS I	N 10	
TITLE	DV	☐ Delete	TITLE		☐ Change	☐ Addition	
NAME	LANGE, CONNIE		NAME				
STREET ADDRESS	2101 01/41 //12 000111		STREET ADDRESS				
CITY-ST-ZIP	SEATTLE WA 98134		CITY-ST-ZIP				
TITLE	DP	☐ Delete	TITLE		☐ Change	☐ Addition	
NAME	RAINS, JOHN		NAME				
STREET ADDRESS	303 TRUTTINATE DITE		STREET ADDRESS CITY-ST-ZIP				
CITY-ST-ZIP	LEBANON TN 37087		+				
TITLE	DP	☐ Delete	TITLE		☐ Change	☐ Addition	
NAME STREET ADDRESS	SCHUTZ, DIANE		NAME STREET ADDRESS				
CITY-ST-ZIP	5500 VILLAGE BLVD		CITY-ST-ZIP				
-	WEST PALM BEACH FL 33419		TITLE		Change	Addition	
TITLE NAME	DV SMITH, TERRY	☐ Delete	NAME		☐ Change	☐ Mullion	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	SPARTANBURG SC 29319		CITY-ST-ZIP				
TITLE	OI MITMIDOTICE OF ESOIS						
	RSC.	☐ Delete	TITLE		☐ Channe	Addition	
NAME	BSC KAVANAUGH, SHELLI	☐ Delete	TITLE NAME		☐ Change	Addition	
	KAVANAUGH, SHELLI	☐ Delete			☐ Change	Addition	
NAME	KAVANAUGH, SHELLI 6820 LBJ FREEWAY	☐ Delete	NAME		☐ Change	Addition	
NAME STREET ADDRESS	KAVANAUGH, SHELLI	□ Delete	NAME STREET ADDRESS		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	KAVANAUGH, SHELLI 6820 LBJ FREEWAY DALLAS TX 75240		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: Maticular Statutes and 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.

SIGNATURE: Maticular Statutes and that my name appears in Block 10 or Block 11 if the corporation of the receiver or trustee empowered.

SIGNATURE: Maticular Statutes and 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. I further certify that the information indicated on this report of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes. I further certify that the information indicated on this report of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes. I further certify that the information indicated on this report of the corporation of the receiver of

CITY-ST-ZIP

(614)764-3010