

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000006617

1. Entity Name  
TERRELL'S BAR-B-QUE, INC.

Principal Place of Business  
14630 N.E. 112TH COURT  
FORT MCCOY FL 32134-2460

Mailing Address  
14630 N.E. 112TH COURT  
FORT MCCOY FL 32134-2460

2. Principal Place of Business  
1131 NE 16th Ave  
Suite, Apt. #, etc.

3. Mailing Address  
14630 N.E. 112 Ct.  
Suite, Apt. #, etc.

City & State  
Gainesville, Florida

City & State  
Ft. McCoy, FL

Zip  
32609

Country  
Alachua

Zip  
32134

Country  
Marion

4. FEI Number  
59-3626975

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

BEARD, TERRELL  
14630 N.E. 112TH COURT  
FORT MCCOY FL 32134-2460

## 7. Name and Address of New Registered Agent

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 *Terrell E. Beard* DATE 10-15-01

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lesia D. Beard 14630 N.E. 112th Ct Ft. McCoy, FL 32134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Terrell Beard 14630 N.E. 112th Ct Fort McCoy, FL 32134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Terrell E. Beard* DATE 10-15-01 236-0621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 NOV 20 PM 12:44



REINSTATEMENT 01  
DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)