## **2001 UNIFORM BUSINESS REPORT (UBR)**

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SIGNATURE:

## Mar 02, 2001 8:00 am DOCUMENT # P93000040572 **Secretary of State** 1. Entity Name WOODS BARBECUE OF SARASOTA, INC. 03-02-2001 90079 013 \*\*\*150.00 Principal Place of Business Mailing Address 5980 WINKLER RD. 5980 WINKLER RD. FT. MYERS FL 33919 FT. MYERS FL 33919 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0430098 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WOODS, MICKIE L Street Address (P.O. Box Number is Not Acceptable) 5980 WINKLER RD. FT. MYERS FL 33919 City Zip Code F 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 registored agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) Delete Change Addition TITLE TITLE NOTT, TONYA NAME NAME 5980 WINKLER RD. STREET ADDRESS STREET ADDRESS FT. MYERS FL 33919 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NOTT, JOHN NAME NAME 5980 WINKLER ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33919 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET AD DRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

**FILED** 

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