

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90129 046 ***150.00

DOCUMENT # P95000039075

1. Entity Name

BK OF SEMINOLE, INC.

Principal Place of Business

Mailing Address

**900 SOUTH HIGHWAY 17-92
LONGWOOD FL 32750**

**900 SOUTH HIGHWAY 17-92
LONGWOOD FL 32750**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3316550**

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

**BOWLING, ALLEN R
900 SOUTH HIGHWAY 17-92
LONGWOOD FL 32750**

Name

Kenneth E. Guthrie, Jr.

Street Address (P.O. Box Number is Not Acceptable)

900 S. Highway 17-92

City

Longwood

FL

Zip Code

32750

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSD BOWLING, ALLEN R 4225 NOLAN ROAD SANFORD FL 32773 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VT KELLER, HENRY W 4225 NOLAN ROAD SANFORD FL 32773 | <input checked="" 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 |

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | President Kenneth E. Guthrie, Jr. 813 Snow Queen Dr. Chuluota, FL 32766 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V.P. Patricia A. Guthrie 813 Snow Queen Dr. Chuluota, FL 32766 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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 |
| 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 |

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407/718-5858

CR2E034 (10/00)

Attachment
D# P95000039015
628005

January 8, 2001

On October 2, 2000 Foxhead South Lounge Corporate Officers changed. The new officers are:

| | | |
|-------------------------|-----------|-----------------|
| Kenneth E. Guthrie, Jr. | President | SS# 266-39-0047 |
| 813 Snow Queen Drive | | |
| Chuluota, FL 32766 | | |
| 407/365-9828 | | |

| | | |
|----------------------|----------------|-----------------|
| Patricia A. Guthrie | Vice President | SS# 266-39-0291 |
| 813 Snow Queen Drive | | |
| Chuluota, FL 32766 | | |
| 407/365-9828 | | |

Please make a note of this change in your records.

Thank You

