

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000060282

1. Entity Name  
POOL AND BARBEQUE PEOPLE, INC.

**FILED**  
**Aug 28, 2000 8:00 am**  
**Secretary of State**

08-28-2000 90034 001 \*\*\*550.00

Principal Place of Business

1819 S. UNIVERSITY DR  
DAVIE FL 33324  
US

Mailing Address

4056 SW 8 STREET  
PLANTATION FL 33317

A0074509



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2041 S.W. 70<sup>th</sup> AVE  
Suite, Apt. #, etc.  
D-21

3. Mailing Address

2041 S.W. 70<sup>th</sup> AVE  
Suite, Apt. #, etc.  
D-21

City & State

DAVIE, FL.

City & State

DAVIE, FL.

Zip

33317

Country

USA

Zip

33317

Country

USA

4. FEI Number

65-0622354

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MURFEY, CINDY  
4056 SW 8 STREET  
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name  
BRUCE MUNROE  
Street Address (P.O. Box Number is Not Acceptable)  
4056 S.W. 8<sup>th</sup> St.  
City  
PLANTATION FL Zip Code  
33317

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 *Bruce E. Munroe*  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/07/2000  
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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. 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	P	<input checked="" type="checkbox"/> Delete
NAME	MURFEY, CINDY	
STREET ADDRESS	4056 SW 8 STREET	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MURFEY, HENRY	
STREET ADDRESS	4056 SW 8 STREET	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCE E. MUNROE	
STREET ADDRESS	4056 S.W. 8 <sup>th</sup> St.	
CITY-ST-ZIP	PLANTATION, FL. 33317	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>BRUCE E. MUNROE</del>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Bruce E. Munroe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/07/2000 1-954-4745008  
Daytime Phone #

CR2E034 (5/00)