

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2002 8:00 am**  
**Secretary of State**

08-04-2002 90163 015 \*\*\*550.00

**DOCUMENT # P98000026470**

1. Entity Name  
**EDWARDS BEEFMASTERS, INC.**

Principal Place of Business

**916 WEST JEFFERSON ST.  
 QUINCY FL 32351**

Mailing Address

**916 WEST JEFFERSON ST.  
 QUINCY FL 32351**

**972185**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**9559 Pensacola Blvd.**

3. Mailing Address

**PO Box 10513**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Pensacola FL**

City & State  
**Pensacola FL**

4. FEI Number  
**59-3501102**

Applied For  
 Not Applicable

Zip  
**32534**

Country  
**USA**

Zip  
**32524**

Country  
**USA**

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

**RICHMOND, HAROLD S  
 227 EAST JEFFERSON ST.  
 QUINCY FL 32351**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**DPST**  
 NAME  
**EDWARDS, O.W. III**  
 STREET ADDRESS  
**916 WEST JEFFERSON ST.**  
 CITY-ST-ZIP  
**QUINCY FL 32351**

☒ Delete

TITLE  
**DP VPT**  
 NAME  
**Michael Saye**  
 STREET ADDRESS  
**5339 Wiley Scott Rd**  
 CITY-ST-ZIP  
**JAY FL 32565**

☐ Change ☒ Addition

TITLE  
**VP**  
 NAME  
**BEDENBAUCH, J.Y**  
 STREET ADDRESS  
**117 GREENWOOD DR.**  
 CITY-ST-ZIP  
**QUINCY FL 32351**

☒ Delete

TITLE  
**S**  
 NAME  
**Eleanor M Saye**  
 STREET ADDRESS  
**5339 Wiley Scott Rd**  
 CITY-ST-ZIP  
**JAY FL 32565**

☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/8/02 850 479 1142**

Date

Daytime Phone #

CR2E034 (4/02)