## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 26, 2000 8:00 am Secretary of State DOCUMENT # P98000027675 THE GEORGIA BAR-B-Q COMPANY 01-26-2000 90020 004 \*\*\*150.00 Principal Place of Business Mailing Address 203 LOOKOUT PLACE #B 6185 BUFORD HWY STE C-157 MAITLAND FL 32751 NORCROSS GA 30071-2303 BU007897 2. Principal Place of Business 3. Mailing Address PKWY 5555 OAKBROOK Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE City & State City & State 4. FEI Number Applied For 59-3508906 Not Application Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 0093 BW INNETT Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLM, ERIC Street Address (P.O. Box Number is Not Acceptable) 203 LOOKOUT PLACE #B MAITLAND FL 32751 Zip Code FL 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 registered 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. $\square$ Delete TITLE TITLE ☐ Change Addition NAME HOLM, ERIC NAME STREET ADDRESS STREET ADDRESS 203 LOOKOUT PLACE #B CITY-ST-ZIP ÇITY-ST-ZIP MAITLAND FL 32751 Delete TATLE TITLE Change ☐ Addition DANNEN, DOUGLAS NAME NAME STREET ADDRESS STREET ADDRESS 203 LOOKOUT PLACE #B CITY-ST-ZIP CITY-ST-ZIP MAITLAND, FL 32751 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

TITLE

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STREET ADDRESS CITY-ST-ZIP

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85 A. G. C. C. S. C. L.

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SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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1/14/00 770-441-3365

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