

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90001 002 ***550.00

DOCUMENT # P98000039307

1. Entity Name
BO'S BAR-B-Q GRILL, INC.

Principal Place of Business
~~226-1 SOLANO RD~~
PONTE VEDRA BEACH FL 32082

Mailing Address
~~226-1 SOLANO RD~~
PONTE VEDRA BEACH FL 32082



2. Principal Place of Business
830-16 AIA N
 Suite, Apt. #, etc.
ponte vedra be
 City & State
fl

3. Mailing Address
830-16 AIA N
 Suite, Apt. #, etc.
ponte vedra be
 City & State
fl

DO NOT WRITE IN THIS SPACE

Zip **32082** Country **81 Johns**

Zip **32082** Country **81 Johns**

4. FEI Number **59-3523989** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ZEBOUNI, SAL G
~~226-1 SOLANO RD~~
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name
830-16 AIA N
 Street Address (P.O. Box Number is not Applicable)
ponte vedra be
 City & State
fl Zip Code **32082**

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 **SAL G Zebouni**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/1/01
 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 12, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEBOUNI, SAL G 226-1 SOLANO RD PONTE VEDRA BEACH FL 32082	<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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres James Barcus 830-16 AIA N ponte vedra be fl 32082	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pres Kathryn L Garrard 830-16 AIA N ponte vedra be	<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
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:

Kathryn L Garrard
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/01
 Date

704
2733930
 Daytime Phone

CR2E034 (5/01)