

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086998

1. Entity Name

FRED'S FAMOUS BAR-B-QUE AND BREWERY, INC.

**FILED**  
May 17, 2000 8:00 am  
Secretary of State

05-17-2000 90847 005 \*\*\*150.00

Principal Place of Business

Mailing Address

4351 4TH ST. N.  
ST. PETERSBURG FL 33703

4351 4TH ST. N.  
ST. PETERSBURG FL 33703-4726

2. Principal Place of Business

3. Mailing Address

2675 Ulmerton Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater FL

4. FEI Number

59-3563097

Applied For

Not Applicable

Zip

Country

33762

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

FOSTER, DAVID W  
4351 4TH ST. N.  
ST. PETERSBURG FL 33703

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.

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 \$150.00**  
**After MAY 1, 2000 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 V  
NAME FLEMING, FREDERICK  
STREET ADDRESS 8199-28TH AVE. N.  
CITY-ST-ZIP ST. PETERSBURG FL 33710 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD  
NAME STORMAN, BRIAN  
STREET ADDRESS 1901 IOWA AVE. N.E.  
CITY-ST-ZIP ST. PETERSBURG FL 33703 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD  
NAME REHNKE, TAMARON F  
STREET ADDRESS 6606 10TH AVE. N.  
CITY-ST-ZIP ST. PETERSBURG FL 33710 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00 (727) 571-2202

Date

Daytime Phone #

CR2E034 (9/99)