

# 2000 UNIFORM BUSINESS REPORT (UBR)

5.

DOCUMENT # P99000039535

1. Entity Name

WEATHERLY'S BAR-B-QUE, INC.

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90084 009 \*\*\*150.00

Principal Place of Business

Mailing Address

4121 SHAMROCK DR  
VENICE FL 34293

4121 SHAMROCK DR  
VENICE FL 34286-6020

2. Principal Place of Business

4588 COKER RD

3. Mailing Address

4588 COKER RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NORTH PORT, FL

City & State

NORTH PORT, FL

4. FEI Number

650917985

Applied For

Not Applicable

Zip  
34286

Country  
USA

Zip  
34286

Country  
USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEATHERLY, NEVA R  
4121 SHAMROCK DR  
VENICE FL 34293

7. Name and Address of New Registered Agent

Name NEVA R WEATHERLY

Street Address (P.O. Box Number is Not Acceptable)

4588 COKER RD

City NORTH PORT

FL

Zip Code 34286

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 NEVA R WEATHERLY VP

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

(NOTE: Registered Agent signature required when reinstating)

4-24-00

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

TITLE PRESIDENT  
NAME DAVID WEATHERLY  
STREET ADDRESS 4588 COKER RD  
CITY-ST-ZIP NORTH PORT FL 33950

☐ Delete

TITLE V.P.R.S., Sec. Treasurer  
NAME NEVA WEATHERLY  
STREET ADDRESS 4588 COKER RD  
CITY-ST-ZIP NORTH PORT FL 33950

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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CITY-ST-ZIP

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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: NEVA R WEATHERLY VP 944-429-0622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CE 014 0000