

**2002 UNIFORM BUSINESS REPORT (UBRY)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90688 040 \*\*\*150.00

**DOCUMENT # 355244**

1. Entity Name

**CHAPARRAL STEAKHOUSE INC**

Principal Place of Business  
**2131 S Byron Butler Parkway**  
**2131 HIGHWAY 19 SOUTH**  
**PERRY FL 32348**

Mailing Address  
**2131 S Byron Butler Parkway**  
**2131 HIGHWAY 19 SOUTH**  
**PERRY FL 32348**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2131 S Byron Butler Pkwy**  
 Suite, Apt. #, etc.

3. Mailing Address  
**Chaparral Steak House Inc**  
 Suite, Apt. #, etc.  
**2131 S Byron Butler Pkwy**

City & State  
**Perry FL**

City & State  
**Perry FL**

4. FEI Number  
**59-1283477**

Applied For  
 Not Applicable

Zip  
**32348**

Country  
**Taylor**

Zip  
**32348**

Country  
**Taylor**

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

**DAVIS, HOKE JR.**  
**601 NORTH QUINCY**  
**PERRY FL 32347**

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  
**P**  Delete  
 NAME  
**DAVIS, HOKE JR.**  
 STREET ADDRESS  
**601 NORTH QUINCY**  
 CITY-ST-ZIP  
**PERRY FL 32347**

TITLE  
 Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
**V**  Delete  
 NAME  
**DAVIS, HELEN**  
 STREET ADDRESS  
**601 NORTH QUINCY**  
 CITY-ST-ZIP  
**PERRY FL 32347**

TITLE  
 Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
**ST**  Delete  
 NAME  
**DAVIS, DEREK**  
 STREET ADDRESS  
**2159 SOUTH BYRON BUTLER PKWY.**  
 CITY-ST-ZIP  
**PERRY FL 32347**

TITLE  
 Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 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 of 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: **Hoke Davis**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C:\BPE\034 19100

**SIGN & DATE**

