

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90388 026 ***150.00

DOCUMENT # 839141

1. Entity Name
GOLDEN CORRAL CORPORATION



Principal Place of Business
**5151 GLENWOOD AVE
P.O. BOX 29502
RALEIGH NC 27626**

Mailing Address
**ATTN: TAX DEPT
P.O. BOX 29502
RALEIGH NC 27626**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **56-1005071**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CTD	<input type="checkbox"/> Delete
NAME	MAYNARD, JAMES H.	
STREET ADDRESS	5151 GLENWOOD AVE	
CITY-ST-ZIP	RALEIGH NC	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BELL, C L	
STREET ADDRESS	5151 GLENWOOD AVE	
CITY-ST-ZIP	RALEIGH NC 27612	
TITLE	S	<input type="checkbox"/> Delete
NAME	HEYWARD, ROBERT	
STREET ADDRESS	5151 GLENWOOD AVE	
CITY-ST-ZIP	RALEIGH NC	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BALDWIN, DORIS F	
STREET ADDRESS	5151 GLENWOOD AVE	
CITY-ST-ZIP	RALEIGH NC 27612	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LILLISTON, ANDREW J	
STREET ADDRESS	5151 GLENWOOD AVE	
CITY-ST-ZIP	RALEIGH NC 27612	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELACOURT, PAUL A.	
STREET ADDRESS	5151 GLENWOOD AVE.	
CITY-ST-ZIP	RALEIGH NC	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Lamar Bell - Sr. VP Finance/Development

Date

Daytime Phone #

4/2/03

CR2E034 (10/02)