

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-21-2003 90503 046 \*\*\*158.75

**DOCUMENT # 373777**

1. Entity Name  
**BARNHILL'S BUFFET, INC.**



Principal Place of Business  
C/O BARNHILL'S COUNTRY BUFFET  
8102 NORTH DAVIS HIGHWAY  
PENSACOLA FL 32514

Mailing Address  
620 B E NINE MILE ROAD  
PENSACOLA FL 32514  
US



2. Principal Place of Business

3. Mailing Address

**420 BAY FRONT PARKWAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**PENSACOLA, FLORIDA**

4. FEI Number **59-1321591**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**32502 ESCAMBIA**

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

~~REED III, THOMAS C.~~  
~~107 NORTH PALAFOX STREET~~  
~~PENSACOLA FL 32501~~

7. Name and Address of New Registered Agent

Name **ROBERT J. BARRINGTON**

Street Address (P.O. Box Number is Not Acceptable)  
**420 BAY FRONT PARKWAY**

City **PENSACOLA**

FL

Zip Code **32502**

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 **Robert J. Barrington CFO** **ROBERT J. BARRINGTON**

**4/17/03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **BARNHILL, CHARLES**  
STREET ADDRESS **8629 ROSEMONT DRIVE**  
CITY-ST-ZIP **PENSACOLA FL**

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

TITLE **ST** ☐ Delete  
NAME **BARNHILL, HOPE**  
STREET ADDRESS **8629 ROSEMONT DRIVE**  
CITY-ST-ZIP **PENSACOLA FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CFO** ☐ Change ☒ Addition  
NAME **ROBERT J. BARRINGTON**  
STREET ADDRESS **524 So. 20th St.**  
CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Robert J. Barrington**

**4/17/03**

**(850) 472-8080**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)