

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 655388**

1. Entity Name

BEST WESTERN FAMILY STEAK HOUSE, INC.**FILED**
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90283 048 ***150.00

802903

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**1301 MAIN ST
CHIPLEY FL 32428
US****P. O. BOX 583
CHIPLEY FL 32428-0583
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1999367

Applied For

Not Applicable

Zip

Country

Zip

Country

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, EDDIE
4173 CREEK RD
VERNON FL 32462**

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**

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|-------------------|--|---------------------|
| TITLE | NAME | TITLE | NAME |
| PD | AUKEMA, ART | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 3061 WOODREST RD | 3061 WOODREST RD | | |
| CHIPLEY, FL 00000 | CHIPLEY, FL 00000 | | |
| VD | DAVIS, EDDIE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 4173 CREEK RD | 4173 CREEK RD | | 4053 A Dorch Circle |
| VERNON FL 32462 | VERNON FL 32462 | | |
| TD | DAVIS, JO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 4173 CREEK RD | 4173 CREEK RD | | 4053 A Dorch Circle |
| VERNON FL 32462 | VERNON FL 32462 | | |
| SD | AUKEMA, BONNIE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 3061 WOODREST RD | 3061 WOODREST RD | | |
| CHIPLEY, FL 00000 | CHIPLEY, FL 00000 | | |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | |
| | | <input type="checkbox"/> Change <input type="checkbox"/> 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**1-13-00**

Date

Daytime Phone #

CR2E034 (9/99)