

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90044 017 \*\*\*150.00

0464873

**DOCUMENT # 655388**

1. Entity Name

**BEST WESTERN FAMILY STEAK HOUSE, INC.**

Principal Place of Business

1301 MAIN ST  
 CHIPLEY FL 32428  
 US

Mailing Address

P. O. BOX 583  
 CHIPLEY FL 32428  
 US

**805984**



DO NOT WRITE IN THIS SPACE

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

**DAVIS, EDDIE**  
**4173 CREEK RD**  
**VERNON FL 32462**

7. Name and Address of New Registered Agent

Name **Davis, Eddie**  
 Street Address (P.O. Box Number is Not Acceptable) **4053A Dorch Circle**  
 City **VERNON** FL Zip Code **32462**

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	AUKEMA, ART	
STREET ADDRESS	3061 WOODREST RD	
CITY-ST-ZIP	CHIPLEY, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAVIS, EDDIE	
STREET ADDRESS	4053 A DORCH CIR	
CITY-ST-ZIP	VERNON FL 32462	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DAVIS, JO	
STREET ADDRESS	4053 A DORCH CIR	
CITY-ST-ZIP	VERNON FL 32462	
TITLE	SD	<input type="checkbox"/> Delete
NAME	AUKEMA, BONNIE	
STREET ADDRESS	3061 WOODREST RD	
CITY-ST-ZIP	CHIPLEY, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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: Jo Davis Jo Davis  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/01 850-535-0983  
 Date Daytime Phone #

CR2E034 (10/00)