

2001 UNIFORM BUSINESS REPORT (UBR)

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

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 59-1999367

Applied For
Not Applicable

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 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 ☐ Delete
NAME AUKEMA, ART
STREET ADDRESS 3061 WOODREST RD
CITY-ST-ZIP CHIPLEY, FL 00000

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

TITLE VD ☐ Delete
NAME DAVIS, EDDIE
STREET ADDRESS 4053 A DORCH CIR
CITY-ST-ZIP VERNON FL 32462

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

TITLE TD ☐ Delete
NAME DAVIS, JO
STREET ADDRESS 4053 A DORCH CIR
CITY-ST-ZIP VERNON FL 32462

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

TITLE SD ☐ Delete
NAME AUKEMA, BONNIE
STREET ADDRESS 3061 WOODREST RD
CITY-ST-ZIP CHIPLEY, FL 00000

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

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)

0464873

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

01-30-2001 90044 017 ***150.00

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DO NOT WRITE IN THIS SPACE