

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90202 046 \*\*\*158.75

0300646

**DOCUMENT # 857338**

1. Entity Name  
**HOUSTON'S RESTAURANTS, INC.**

Principal Place of Business <b>8 PIEDMONT CENTER          SUITE 720          ATLANTA GA 30305</b>	Mailing Address <b>8 PIEDMONT CENTER          SUITE 720          ATLANTA GA 30305</b>
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2425 E. Camelback Rd</b>	3. Mailing Address <b>2425 E. Camelback Rd</b>
---	---

Suite, Apt. #, etc. <b>Ste 200</b>	Suite, Apt. #, etc. <b>Ste 200</b>
---------------------------------------	---------------------------------------

City & State <b>Phoenix Az</b>	City & State <b>Phoenix Az</b>
-----------------------------------	-----------------------------------

4. FEI Number <b>52-1164709</b>	Applied For <input type="checkbox"/> Not Applicable
---------------------------------	--

Zip <b>85016</b>	Country <b>USA</b>	Zip <b>85016</b>	Country <b>USA</b>
------------------	--------------------	------------------	--------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BIEL, GEORGE W. 2525 E CAMELBACK ROAD, STE 810 PHOENIX AZ</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STV ASHBY, R. SCOTT EIGHT PIEDMONT CENTER, SUITE 720 ATLANTA GA</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BRANSTETTER, VICTOR 8-PIEDMONT-CENTER, #720 ATLANTA GA</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD LEDBETTER, JOSEPH 3100 W.END AVENUE, #1290 NASHVILLE TN</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BIEL, CAROL R. 2525 E CAMELBACK ROAD, STE. 810 PHOENIX AZ</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEDBETTER, CANDICE W 3100 W.END AVENUE, #1290 NASHVILLE TN</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2425 E. Camelback Rd. Ste 200          Phoenix AZ 85016</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>147 South Beverly Drive          Beverly Hills, Ca 90212</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)