

# 2000 UNIFORM BUSINESS REPORT (UBR)

001125 A

DOCUMENT # A95000001293

1. Entity Name

PENSACOLA STEAKHOUSE, LTD.

FILED

00 FEB 21 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1200 PINE ISLAND ROAD  
PLANTATION FL 33324

Mailing Address

C/O ROY C. HOCKMAN  
3184 CAHABA HEIGHTS ROAD  
BIRMINGHAM AL 35243-5217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3318801

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 PINE ISLAND ROAD  
PLANTATION FL 33324

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]* please disregard

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$725,010.00

10. Amount of Capital Contributions  
in FLORIDA to date.

725,010.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P95000051621  
NAME PANHANDLE RESTAURANT MANAGEMENT, INC.  
STREET ADDRESS C/O HOCKMAN, 3184 CAHABA HEIGHTS ROAD  
CITY - ST - ZIP BIRMINGHAM AL 35243

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-24-00 (205) 970-0001

Date

Daytime Phone #

CR2E003 (9/99)