

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003984

1. Entity Name

J. ALEXANDER'S RESTAURANTS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90178 030 ***150.00

00050292



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

SUITE 260
3401 WEST END AVENUE
NASHVILLE TN 37202

SUITE 260
3401 WEST END AVENUE
NASHVILLE TN 37203-6862

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1156278

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

C T CORPORATION SYSTEM
1200 SOUTH 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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	STOUT, LONNIE J	
STREET ADDRESS	500 POINTER PLACE	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	V	<input type="checkbox"/> Delete
NAME	FARMER, RONALD E	
STREET ADDRESS	3401 WEST END AVE STE 260	
CITY-ST-ZIP	NASHVILLE TN 37203-F	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEWIS, GREGORY R	
STREET ADDRESS	9219 CONCORD ROAD	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	S	<input type="checkbox"/> Delete
NAME	PARKEY, MARK A	
STREET ADDRESS	303 W. CHOWNING	
CITY-ST-ZIP	FRANKLIN TN 37064	
TITLE	V	<input type="checkbox"/> Delete
NAME	RICHMOND, JOHN D	
STREET ADDRESS	3401 WEST END AVE STE 260	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	V	<input type="checkbox"/> Delete
NAME	THOMAS, JAMES B	
STREET ADDRESS	3401 WEST END AVE STE 260	
CITY-ST-ZIP	NASHVILLE TN 37203	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christopher C. Tully	
STREET ADDRESS	3401 West End Ave	
CITY-ST-ZIP	Nashville, TN 37203	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Mark A. Parkey Mark A. Parkey

4/27/00

(615) 269-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)