

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90092 031 ***150.00

DOCUMENT # F95000003297

1. Entity Name

THE BUCKHEAD BREWERY & GRILL, INC.

Principal Place of Business

**1900 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308**

Mailing Address

**PMB 319
6753 THOMASVILLE RD
TALLAHASSEE FL 32312**

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

73-1448787

Applied For

Not Applicable

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

**MCRAE, CHRISTOPHER T
MCRAE & METCALF, P.A.
2066 THOMASVILLE ROAD
TALLAHASSEE FL 32312**

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, 2002 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 **P** ☐ Delete
NAME **NICELY, BRUCE**
STREET ADDRESS **324 ROYAL CRESCENT WAY**
CITY-ST-ZIP **STOCKBRIDGE GA 30281**

TITLE ☐ Change ☐ Addition
NAME **Bruce Nicely**
STREET ADDRESS **113 Somerset Hills**
CITY-ST-ZIP **Mc Donough, GA 30253**

TITLE **D** ☐ Delete
NAME **NICELY, ROY**
STREET ADDRESS **5158 STATEN RD**
CITY-ST-ZIP **HAHIRA GA 30632**

TITLE ☐ Change ☐ Addition
NAME **Roy Nicely**
STREET ADDRESS **96 Pate Lakes DR.**
CITY-ST-ZIP **Hampton, GA 30228**

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

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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:

James Cloud
James Cloud
Controller

4-26-02 850-966-3146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)