

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000042

1. Entity Name

BARNHILL'S BUFFET OF TENNESSEE, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90174 041 ***150.00

Principal Place of Business 226 PALAFOX PL 5TH FLR PENSACOLA FL 32501 US	Mailing Address 226 PALAFOX PL 5TH FLR PENSACOLA FL 32501-5846 US
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DO NOT WRITE IN THIS SPACE

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	62-1498097	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH 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 _____
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	
TITLE	CFO <input type="checkbox"/> Delete
NAME	MORE, MARTIN
STREET ADDRESS	1701 DOCK STREET
CITY-ST-ZIP	MEMPHIS TN 38113
TITLE	P <input type="checkbox"/> Delete
NAME	BARNHILL, STEVE
STREET ADDRESS	226 PALAFOX PL 5TH FL
CITY-ST-ZIP	PENSACOLA FL 32501
TITLE	VC <input type="checkbox"/> Delete
NAME	BELZ, JACK A
STREET ADDRESS	5118 PARK AVE., STE. 127
CITY-ST-ZIP	MEMPHIS TN
TITLE	D <input type="checkbox"/> Delete
NAME	BELZ, RONALD A
STREET ADDRESS	5118 PARK AVE., STE. 127
CITY-ST-ZIP	MEMPHIS TN
TITLE	D <input type="checkbox"/> Delete
NAME	BODNAR, J. MICHAEL
STREET ADDRESS	5118 PARK AVE., STE. 127
CITY-ST-ZIP	MEMPHIS TN
TITLE	D <input type="checkbox"/> Delete
NAME	HAKÉ, JAMES D
STREET ADDRESS	5118 PARK AVE., STE. 127
CITY-ST-ZIP	MEMPHIS TN

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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, and all other like empowered.

SIGNATURE: Steve Beckman **Steve Beckman** 3/27/2000 850-435-9914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)