

05 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000008973 1. Entity Name BARNHILL STEAK COMPANY OF FLORIDA, INC.			
Principal Place of Business 8629 ROSEMONT DRIVE PENSACOLA FL 32514		Mailing Address 620 B EAST 9 MILE RD PENSACOLA FL 32514	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 420 BAYFRONT PARKWAY Suite, Apt. #, etc.	
City & State PENSACOLA, FLORIDA		4. FEI Number 59-3692014 ☐ Applied For ☒ Not Applicable	
Zip 32502	Country ESCAMBIA	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REED, THOMAS G III 107 N PALAFOX STREET PENSACOLA FL 32501		7. Name and Address of New Registered Agent Name: R.J. BARRINGTON Street Address (P.O. Box Number is Not Acceptable): 420 BAYFRONT PARKWAY City: PENSACOLA FL Zip Code: 32502	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relocating) DATE:			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME BARNHILL, CHARLES E STREET ADDRESS 8629 ROSEMONT DRIVE CITY-ST-ZIP PENSACOLA FL 32514	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
TITLE D NAME BARNHILL, PATSY J STREET ADDRESS 8629 ROSEMONT DRIVE CITY-ST-ZIP PENSACOLA FL 32514	☐ Delete	TITLE NAME STREET ADDRESS 700049826107 CITY-ST-ZIP 04/04/05--01081--006 **158.75	☐ Change ☐ Addition
TITLE P NAME OWENS, BRYAN STREET ADDRESS 9134 DAYTONA DR CITY-ST-ZIP PENSACOLA FL 32506	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	TITLE CFO NAME ROBERT J. BARRINGTON STREET ADDRESS 524 So. 2nd STREET CITY-ST-ZIP PENSACOLA, FL 32507	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
12. 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>R.J. Barrington</i> R.J. BARRINGTON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/17/03 (850) 470-8080 Date Daytime Phone #	

FILED
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SECRETARY OF STATE

DO NOT FILE YET
CHECK HERE IF MAKING CHANGES