

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90156 001 \*\*\*150.00

**DOCUMENT # P01000104769**

1. Entity Name  
**SEASIDE REAL CHICKEN, INC.**



Principal Place of Business  
**221 MCKENZIE AVENUE  
PANAMA CITY, FL 32401**

Mailing Address  
**221 MCKENZIE AVENUE  
PANAMA CITY, FL 32401**

2. Principal Place of Business  
**2300 South Hwy 77**  
Suite, Apt. #, etc.

3. Mailing Address  
**2300 South Hwy 77**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**Lynn Haven FL**  
Zip  
**32444**  
Country  
**USA**

City & State  
**Lynn Haven FL**  
Zip  
**32444**  
Country  
**USA**

4. FEI Number  
**45-0476478**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HUTCHISON, EDWARD A JR.  
221 MCKENZIE AVENUE  
PANAMA CITY, FL 32401**

7. Name and Address of New Registered Agent

Name  
**Zaxby's/Seaside Real Chicken**  
Street Address (P.O. Box Number is Not Acceptable)  
**2300 South Hwy 77**  
City  
**Lynn Haven** FL Zip Code  
**32444**

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 **W. Douglas Durden**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when resigning)

**4-15-03**  
DATE

**FILE NOW WITH FEE IS \$150.00**  
After May 1, 2003 Fee will be \$650.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**W. DOUGLAS DURDEN, JR.**  
**183 LONGLEAF DRIVE**  
**LEESBURG, GA 31763** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**DURDEN, DEBORAH G**  
**183 LONGLEAF DRIVE**  
**LEESBURG, GA 31763** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **W. Douglas Durden**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-03**  
Date

Daytime Phone #

CR2E034 (10/02)