

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90339 046 ***150.00

DOCUMENT # P05285

1. Entity Name

CRACKER BARREL OLD COUNTRY STORE, INC.



Principal Place of Business

HARTMANN DRIVE

P.O. BOX 787

LEBANON TN 37088-0787

Mailing Address

HARTMANN DRIVE

P.O. BOX 787

LEBANON TN 37088-0787

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

62-0812904

Applied For

Not Applicable

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

**CT CORPORATION SYSTEM
1200 S. 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. 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 reinstating)

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DC
EVINS, DAN W
106 CASTLE HEIGHTS AVENUE NORTH
LEBANON TN 37087** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT, GENERAL
COUNSEL & SECRETARY
MICHAEL J. ZYLSTRA
305 HARTMANN DRIVE: LEBANON, TN 37087** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCOO
TURNER, DONALD M
305 HARTMANN DRIVE
LEBANON TN 37087** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT, CHIEF OPERATIONS
OFFICER, DIRECTOR** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
WOODHOUSE, MICHAEL A
106 CASTLE HEIGHTS AVENUE NORTH
LEBANON TN 37087** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CHIEF EXECUTIVE OFFICER,
DIRECTOR** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVAS
BLACKSTOCK, JAMES F
106 CASTLE HEIGHTS AVENUE NORTH
LEBANON TN 37087** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASSISTANT SECRETARY ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HANKINS, MATTIE H
106 CASTLE HEIGHTS AVENUE NORTH
LEBANON TN 37087** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT, FINANCIAL
OPERATIONS** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPF
COUVILLON, DOUG
305 HARTMANN DRIVE
LEBANON TN 37087** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT,
FINANCE** ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (10/02)