

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90096 038 \*\*\*150.00

**DOCUMENT # P32546**

**1. Entity Name**  
**FAZOLI'S RESTAURANTS, INC.**



**Principal Place of Business**  
**2470 PALUMBO DRIVE**  
**LEXINGTON KY 40509-1117**

**Mailing Address**  
**2470 PALUMBO DRIVE**  
**LEXINGTON KY 40509-1117**

**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** **61-1180070**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH 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**

<b>TITLE</b>	<b>VP</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>LALLY, THOMAS P</b>	
<b>STREET ADDRESS</b>	<b>2470 PALUMBO DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>LEXINGTON KY</b>	
<b>TITLE</b>	<b>VPD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>SMITH, DAVID</b>	
<b>STREET ADDRESS</b>	<b>2470 PALUMBO DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>LEXINGTON KY</b>	
<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>TOYODA, KUNI</b>	
<b>STREET ADDRESS</b>	<b>2470 PALUMBO DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>LEXINGTON KY</b>	
<b>TITLE</b>	<b>VP</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>ALBRITTON, WAYNE M</b>	
<b>STREET ADDRESS</b>	<b>2470 PALUMBO DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>LEXINGTON KY 40509</b>	
<b>TITLE</b>	<b>VP, General Counsel and Secretary</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MOORE, M E</b>	
<b>STREET ADDRESS</b>	<b>2470 PALUMBO DR</b>	
<b>CITY-ST-ZIP</b>	<b>LEXINGTON KY</b>	
<b>TITLE</b>	<b>VP</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>WATKINS, KATHRYN</b>	
<b>STREET ADDRESS</b>	<b>2470 PALUMBO DR</b>	
<b>CITY-ST-ZIP</b>	<b>LEXINGTON KY 40509</b>	

<b>TITLE</b>	<b>VP, Chief People Officer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>Rebecca Fine</b>	
<b>STREET ADDRESS</b>	<b>2470 Palumbo Dr.</b>	
<b>CITY-ST-ZIP</b>	<b>Lexington, KY 40509</b>	
<b>TITLE</b>	<b>VP, Franchise</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>Sam Nelson</b>	
<b>STREET ADDRESS</b>	<b>2470 Palumbo Drive</b>	
<b>CITY-ST-ZIP</b>	<b>Lexington, KY 40509</b>	
<b>TITLE</b>	<b>VP, Development</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>David Byler</b>	
<b>STREET ADDRESS</b>	<b>2470 Palumbo Drive</b>	
<b>CITY-ST-ZIP</b>	<b>Lexington, KY 40509</b>	
<b>TITLE</b>	<b>VP, Purchasing, Admin. and Quality Assurance</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>Lexington, KY 40509</b>	
<b>STREET ADDRESS</b>	<b>2470 Palumbo Dr.</b>	
<b>CITY-ST-ZIP</b>	<b>Lexington, KY 40509</b>	
<b>TITLE</b>	<b>VP, Information Technology</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>Lexington, KY 40509</b>	
<b>STREET ADDRESS</b>	<b>2470 Palumbo Dr.</b>	
<b>CITY-ST-ZIP</b>	<b>Lexington, KY 40509</b>	
<b>TITLE</b>	<b>VP Assistant Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>Pamela B. Sargent</b>	
<b>STREET ADDRESS</b>	<b>2470 Palumbo Dr., Lexington, KY 40509</b>	

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**David E. Smith, Vice President, Finance and CFO** 01/08/03 (859)268-1668

Date

Daytime Phone #

CR2E034 (10/02)