

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90204 031 \*\*\*150.00

0051610 AV

**DOCUMENT # P98000106445**

1. Entity Name

**CHOICE RESTAURANTS - PENSACOLA BBQ 1, INC.**

Principal Place of Business

**810 E GREGORY STREET  
PENSACOLA FL 32501**

Mailing Address

**810 E GREGORY STREET  
PENSACOLA FL 32501**

2. Principal Place of Business

*111 Bayshore Drive*

Suite, Apt. #, etc.

*Pensacola*

City & State

*FL*

3. Mailing Address

*PO Box 380754*

Suite, Apt. #, etc.

*Birmingham AL*

City & State

*Birmingham AL*

Zip

*32507*

Country

*Escambia*

Zip

*35238*

Country

*AL*

4. FEI Number

**59-3551133**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**WOODWARD, DAVID LUTHER  
730 BAYFRONT PARKWAY  
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name

*Woodward, David Luther*

Street Address (P.O. Box Number is Not Acceptable)

*111 Bayshore Drive*

City *Pensacola*

**FL**

Zip Code *32507*

8. The above named entity is hereby authorized 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, to use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*28 JUL 2002*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GRAVOIS, MICHAEL L</b>	
STREET ADDRESS	<b>810 E GREGORY STREET</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Michael L. Gravois</i>	
STREET ADDRESS	<i>300 Corporate Parkway</i>	
CITY-ST-ZIP	<i>Birmingham AL 35242</i>	
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, with all other like empowered.

SIGNATURE:

*Michael L. Gravois*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-23-02*

Date

*205 972035*

Daytime Phone #

CR2E034 (9/01)