

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90508 044 ***150.00

DOCUMENT # H77974

1. Entity Name
FAMILY STEAK HOUSES OF FLORIDA, INC.

Principal Place of Business
% EDWARD B ALEXANDER
2113 FLORIDA BLVD., SUITE A
NEPTUNE BEACH FL 32266

Mailing Address
2113 FLORIDA BLVD.
NEPTUNE BEACH FL 32236
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2597349**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

ALEXANDER, EDWARD B
2113 FLORIDA BOUVELARD
NEPTUNE BEACH FL 32266

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTMAN, LEWIS E JR.		NAME		
STREET ADDRESS	2113 FLORIDA BLD.		STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE BCH FL		CITY-ST-ZIP		
TITLE	VCFO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, EDWARD B.		NAME		
STREET ADDRESS	2113 FLORIDA BLVD. #A		STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE BEACH FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRETT, WILLIAM A		NAME		
STREET ADDRESS	2113 FLORIDA BLVD		STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE BEACH FL 32266		CITY-ST-ZIP		
TITLE	COB	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEILEY, GLEN F		NAME		
STREET ADDRESS	2113 FLORIDA BLVD		STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE BEACH FL 32266		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKETT, KEVIN R		NAME		
STREET ADDRESS	2113 FLORIDA BLVD		STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE BEACH FL 32266		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Ed Alexander Date: 2-27-01 Daytime Phone #: 904-244-4197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)