


**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90957 030 \*\*\*150.00

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

**DOCUMENT # P30237**

1. Entity Name  
**O'CHARLEY'S INC.**



Principal Place of Business  
**O'CHARLEY'S INC.  
 3038 SIDCO DRIVE  
 NASHVILLE TN 37204  
 US**

Mailing Address  
**O'CHARLEY'S INC.  
 3038 SIDCO DRIVE  
 NASHVILLE TN 37204  
 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **62-1192475**

Applied For  
 Not Applicable

Zip Country Zip Country

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



CHECK HERE IF MAKING CHANGES

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

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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

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 \_\_\_\_\_ (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**

TITLE	CEOC	<input type="checkbox"/> Delete
NAME	BURNS, GREGORY L	
STREET ADDRESS	3038 SIDCO DR.	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	P	<input type="checkbox"/> Delete
NAME	HISLOP, STEVEN J.	
STREET ADDRESS	3038 SIDCO DR	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	CFOS	<input type="checkbox"/> Delete
NAME	FITZHUGH, A-CHADWELL	
STREET ADDRESS	3038 SIDCO DR.	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOKES, JOHN W., JR.	
STREET ADDRESS	50 N. FRONT ST 18TH FL	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	D	<input type="checkbox"/> Delete
NAME	REISS, RICHARD, JR.	
STREET ADDRESS	152ND WEST 57TH ST 46TH FL	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CARY, SANDRA K	
STREET ADDRESS	3038 SIDCO DR	
CITY-ST-ZIP	NASHVILLE TN 37204	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* **NOT REQUIRED** Asst. Sec. Date 6-15-2006 Daytime Phone # 8500

CR2E034 (10/02)