

2001 UNIFORM BUSINESS REPORT (UBR)

0020678
SP

DOCUMENT # **A95000000120**

1. Entity Name

REAL PIT BAR-B-Q, LTD.

Principal Place of Business

**1794 SW CR 484
OCALA FL 34473**

Mailing Address

**1794 SW CR 484
OCALA FL 34473**

2. Principal Place of Business:

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

202 S. Magnolia Ave

#3

Ocala, FL

34474

USA

FILED

01 JAN 18 AM 11:06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3276995

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KIRKPATRICK, JOHN (JAY) IV
6895 SW 18TH TERRACE RD
OCALA FL 34476**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**KIRKPATRICK, JOHN (JAY) IV
6895 SW 18TH TERRACE RD
OCALA FL 34476**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**P94000028595
BBQ BELLEVIEW, INC.
1320 SE 25TH LOOP., STE 101
OCALA FL 34471**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**202 S. Magnolia Ave #3
Ocala, FL 34474**

**600003554286--3
-01/18/01--01038--004
****676.25 ****526.25**

FF # 526.25

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/17/01 352 600 2514

CR2E003 (11/00)