

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000120

1. Entity Name
REAL PIT BAR-B-Q, LTD.



FILED

03 APR 14 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1794 SW CR 484
OCALA FL 34473

Mailing Address
2107 SE 3RD AVENUE
OCALA FL 34471

2. Principal Place of Business

3. Mailing Address

2605 SW 33rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Building 200

City & State

City & State

Ocala, FL

Zip

Country

Zip

Country

34474

USA

DUE BY MAY 1, 2003

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

7. Name and Address of New Registered Agent

KIRKPATRICK, S. KAYE

6895 SW 18TH TERRACE RD

OCALA FL 34476

Name

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

2020 SW 43rd Place

City Ocala

FL

Zip Code

34474

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.

3/5/03

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 FL. 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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME KIRKPATRICK, S. KAYE
STREET ADDRESS 6895 SW 18TH TERRACE RD
CITY-ST-ZIP Ocala, FL 34476

STREET ADDRESS 2020 SW 43rd Place

CITY-ST-ZIP Ocala, FL 34474

DOCUMENT #
NAME P94000028595
STREET ADDRESS BBQ BELLEVIEW, INC.
CITY-ST-ZIP 2107 SE 3RD AVENUE
OCALA FL 34471

STREET ADDRESS 2605 SW 33rd Street #200

CITY-ST-ZIP Ocala, FL 34474

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

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: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/5/03

Date

352 6202514

Daytime Phone #

CR2E003 (10/02)

0016091 AT