

2001 UNIFORM BUSINESS REPORT (UBR)

0008276 AF

DOCUMENT # **A97000001908**

1. Entity Name

DAYTONA ALE HOUSE AND RAW BAR, LTD.

FILED
01 APR 30 PM 6:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
612 N. ORANGE AVENUE, SUITE C-6 JUPITER FL 33458	612 N. ORANGE AVENUE, SUITE C-6 JUPITER FL 33458

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number	Applied For
65-0776911	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, JOHN W
612 N. ORANGE AVENUE, SUITE C-6
JUPITER FL 33458

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. (NOT: Registered Agent's signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record.	\$450,000.00	10. Amount of Capital Contributions in FLORIDA to date.	450,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION.
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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 #	P94000069772
NAME	DAYTONA ALE HOUSE AND RAW BAR, INC.
STREET ADDRESS	612 N. ORANGE AVENUE, SUITE C-6
CITY-ST-ZIP	JUPITER FL 33458
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	<i>hxc</i>
CITY-ST-ZIP	<i>5/11</i>
STREET ADDRESS	
CITY-ST-ZIP	400004216864--7
STREET ADDRESS	-05/15/01-01051-011
CITY-ST-ZIP	****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
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: *John W. Miller* **REQUIR JOHN W. MILLER** *4/25/01* **561-743-2299**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)