2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9500000120				
REAL PIT BAR-B-Q, LTD.				SECRETARY OF STATE DIVISION OF CORPORATIONS
	i billio di Eloi			
•	lace of Business Mailing Address 5TH LOOP. SUITE 101 1320 SE 25TH LOOP. SUITE 34471 OCALA FL 34471-1024		: 101	00 MAY -3 PM 1: 33
2. Principal P	lace of Business	3. Mailing Address		I JOSTATI INTO TATAK BANK BENIK BENIK BENIK BONIK BOTAN DATAH KITAN BONI TODA
1794 SW CR 484 Suite, Apt. #, etc. Suite, Apt. #, etc.		Citta Ant # ota		DO NOT WRITE IN THIS SPACE
Suite, Apt.	π, etc.			
Oca l	å FL	City & State		4. FEI Number 59-3276995 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
3447	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
KIRKPATRICK, JOHN (JAY) IV			Name	iane nane
3550 SE 25TH AVE.			Street A	ddress (P.O. Box Number is Not Acceptable)
OCALA FI	L 34471			
,	•	,	City	rala FL 309476
8. The above	named entity submits this statement for	r the purpose of changing its re-	gistered 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 Co		10. Amount of Capital (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 13. ADDRESS CHANGES ONLY				
DOCUMENT#		, , , , , , , , , , , , , , , , , , , ,	STREET ADDRESS	
NAME STREET ADDRESS	KIRKPATRICK, JOHN (JAY) IV 2531 D NW 41ST ST.		CATY-ST-ZEP	6895 SW 18th Terroce Rd
C/TY-ST-ZIP	GAINESVILLE FL 32606 P94000028595		WIT-SI-2E	Ocala Fr 34476
DOCUMENT# NAME	BBQ BELLEVIEW, INC.		STREET ADDRESS	1320 SE 251 Lasp Ste 101
STREET ADDRESS CITY-ST-ZIP	3550 SE 25TH AVE. OCALA FL 34471		CITY-ST-ZIP	Ocala F2 34471
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STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT#			STREET ADDRESS	4000032897544 -06/14/0001107009
NAME STREET ADORESS	·		CITY-ST-ZIP	****526.25 ****526.25
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NAME STREET ADDRESS			0.004 007 000	
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DOCUMENT# NAME			STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	,		CMY-ST-ZIP	
14a 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: Do John WKirkpatrick Date Daytime Phone #				

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