

2002 UNIFORM BUSINESS REPORT (UBR)

0015827 AT

DOCUMENT # **A95000000120**

1. Entity Name

REAL PIT BAR-B-Q, LTD.

FILED

02 FEB 14 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1794 SW CR 484
OCALA FL 34473

Mailing Address

202 S. MAGNOLIA AVE., #3
OCALA FL 34474

2. Principal Place of Business

3. Mailing Address

2107 SE 3rd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

Ocala FL

4. FEI Number

59-3276995

Applied For

Not Applicable

Zip

Country

Zip

Country

34471 USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

S. Kaye Kirkpatrick

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

6895 SW 18 Terr. Rd

City

Ocala

FL

Zip Code

34476

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

1/28/02

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **Kirkpatrick S. Kaye**
NAME **KIRKPATRICK, JOHN (JAY) IV**
STREET ADDRESS **6895 SW 18TH TERRACE RD**
CITY-ST-ZIP **OCALA FL 34476**

STREET ADDRESS **300004992003--3**
CITY-ST-ZIP **-02/22/02--01085--004**
******526.25 ****526.25**

DOCUMENT # **P94000028595**
NAME **BBQ BELLEVUE, INC.**
STREET ADDRESS **202 S. MAGNOLIA AVE., #3**
CITY-ST-ZIP **2107 SE 3rd Ave
OCALA FL 34474 34471**

STREET ADDRESS **2107 SE 3rd Avenue**
CITY-ST-ZIP **Ocala, FL 34471**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/28/02 3526202514

Date

Daytime Phone #

CR2E003 (9/01)