

2001 UNIFORM BUSINESS REPORT (UBR)

0000324 AF

DOCUMENT # A00000001312

1. Entity Name

TAMPA TAVERN, LTD.

FILED

Principal Place of Business
222 CLEMATIS ST., SUITE 204
WEST PALM BEACH FL 33401

Mailing Address
222 CLEMATIS ST., SUITE 204
WEST PALM BEACH FL 33401

01 JUN 12 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1600 EAST 8TH AVE

3. Mailing Address

Suite, Apt. #, etc.

SUITE C201

City & State

TAMPA, FL

City & State

Zip
33605

Country
USA

Zip

Country

4. FEI Number 65-1022673

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERBST, TODD
222 CLEMATIS STREET, SUITE 204
WEST PALM BEACH FL 33401

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

4-24-01

9. Capital Contributions
as Shown on record.

\$600,000.00

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 # P99000027932
NAME TAMPA GENERAL, CORP.
STREET ADDRESS 222 CLEMATIS ST., SUITE 204
CITY-ST-ZIP WEST PALM BEACH FL 33401

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

600004422736--5
-06/15/01--01069--023
*****88.75 *****88.75

STREET ADDRESS

CITY-ST-ZIP

600004422736--5
-06/15/01--01069--024
****437.50 ****437.50

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-24-01 561-659-1940

Date

Daytime Phone #

CR2E003 (11/00)