

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 APR 22 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A00000001312

1. Entity Name

TAMPA TAVERN, LTD.

Principal Place of Business

1600 EAST 8TH AVE., STE. C201
TAMPA FL 33605

Mailing Address

1600 EAST 8TH AVE., STE. C201
TAMPA FL 33605

2. Principal Place of Business

3. Mailing Address

222 CLEMATIS STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 204

City & State

City & State

WEST PALM BEACH, FLORIDA

Zip

Country

Zip

Country

33401

USA

DUE BY MAY 1, 2002

4. FEI Number

65-1022873

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

HERBST, TODD

222 CLEMATIS STREET, SUITE 204

WEST PALM BEACH FL 33401

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.

DATE

9. Capital Contributions

\$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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-8-02 561-659-1946

Date

Daytime Phone #

CR2E003 (9/01)

0013037 AT