

2001 UNIFORM BUSINESS REPORT (UBR)

0001342 AF

DOCUMENT # A00000001428

1. Entity Name

JARRETT'S GRILL, LTD.

FILED

01 MAY -3 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

431 E. HORATIO AVENUE, SUITE 300
MAITLAND FL 32751

Mailing Address

431 E. HORATIO AVENUE SUITE 300
MAITLAND FL 32751

2. Principal Place of Business

35 W. Michigan Street
Suite, Apt. #, etc. J

3. Mailing Address

41 W Michigan Street
Suite, Apt. #, etc. Suite C

City & State

Orlando FL

City & State

Orlando FL

Zip

32806

Country

USA

Zip

32806

Country

USA

4. FEI Number

59-3662989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALTIZER, R. K JR.
431 E. HORATIO AVENUE, SUITE 300
MAITLAND FL 32751

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.

\$1,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,000,000.00

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 # L00000008128
NAME D & K FOODSERVICE GROUP, LLC
STREET ADDRESS 431 E. HORATIO AVENUE, SUITE 300
CITY-ST-ZIP MAITLAND FL 32751

DOCUMENT #
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CITY-ST-ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)