

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0007389  
AT

DOCUMENT # A02000000048

1. Entity Name  
DUVAL BBQ II, LTD.



03 JAN 27 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2531 N.W. 41ST STREET, SUITE D  
GAINESVILLE FL 32606

Mailing Address  
2531 N.W. 41ST STREET, SUITE D  
GAINESVILLE FL 32606



2. Principal Place of Business  
2605 SW 33rd St  
Suite, Apt. #, etc. #200

3. Mailing Address  
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State  
Ocala FL

City & State

4. FEI Number  
04-3709787

Applied For  
Not Applicable

Zip 34474 Country Marion

Zip Country

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

DUVAL BBQ 2, INC.  
1320 S.E. 25TH LOOP, SUITE 101  
OCALA FL 34471

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Kenneth B Kirkpatrick*, president Duval BBQ 2, Inc. 1/20/03  
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. \$1,100,000.00

10. Amount of Capital Contributions in FLORIDA to date. 900,000

11. MAKE CHECK PAYABLE TO FL. 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 # P01000084298  
NAME DUVAL BBQ 2, INC.  
STREET ADDRESS 1320 S.E. 25TH LOOP, SUITE 101  
CITY-ST-ZIP Ocala FL 34471

STREET ADDRESS 2605 SW 33rd St #200  
CITY-ST-ZIP Ocala FL 34474

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
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: *Kenneth B Kirkpatrick* 1/20/03 (852) 369 9881  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)