

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

03 FEB -7 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A04313

1. Entity Name  
NAPLES DINNER THEATRE ASSOCIATES, LTD.



Principal Place of Business  
985 AQUA CIRCLE  
NAPLES FL 34102

Mailing Address  
985 AQUA CIRCLE  
NAPLES FL 34102



2. Principal Place of Business  
P.O. Box 4733

3. Mailing Address  
P.O. Box 4733

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State  
Santa Rosa Beach, Florida

City & State  
Santa Rosa Beach, Florida

4. FEI Number 59-1699933

Applied For

Not Applicable

Zip  
32459

Country  
USA

Zip  
32459

Country  
USA

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

FISKE ANDERSON, HELEN S  
985 AQUA CIRCLE  
NAPLES FL 34102

Name  
Richard Povandrich, Esq.

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

Goodlette Coleman & Johnson

4001 TAMiami TRAIL North Suite 300

City  
Naples

FL

Zip Code

34103

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

*[Signature]*

2/13/03

DATE

9. Capital Contributions  
as Shown on record.

\$640,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
FISKE, RICHARD D TRUSTEE  
985 AQUA CIRCLE  
NAPLES FL 34102

STREET ADDRESS

500011917875

CITY-ST-ZIP

02/07/03-01018 001 \*\*526.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ANDERSON, HELEN S F TRUSTEE  
985 AQUA CIRCLE  
NAPLES FL 34102

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

CP2E003 (10/02)

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/4/03

Date

(850) 231-0235

Daytime Phone #