

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32721**

1. Entity Name

**FAT TUESDAY - TAMPA, LTD.**

Principal Place of Business  
1722 E. 7TH AVE.  
TAMPA FL 33605

Mailing Address  
1722 E. 7TH AVE.  
TAMPA FL 33605

**FILED**

01 SEP 11 4 PM 112 117

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

**280 LEAF COURT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY SEPTEMBER 26, 2001**

City & State

City & State

**ALPHARETTA GA**

4. FEI Number

**59-3127516**

Applied For

Not Applicable

Zip

Country

Zip

**30005**

Country

**US**

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

**TURNER, WILLIAM E  
3103-A SAN RAFAEL, UNIT A  
TAMPA FL 33629**

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

9. Capital Contributions as Shown on record.

**\$525,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**525,000**

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 # **V11802**  
NAME **BAY RESTAURANT MGMT., INC**  
STREET ADDRESS **3103-A SAN RAFAEL, UNIT A**  
CITY-ST-ZIP **TAMPA FL 33629**

STREET ADDRESS

CITY-ST-ZIP

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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:

**William E. Turner**  
**WILLIAM E. TURNER**

9-6-01

(710) 313 5458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

0001580 AT

CR2E003 (5/01)

STAPLE CHECK HERE