

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000963

1. Entity Name  
BUENA VISTA RESTAURANT, LTD.



FILED

03 JUN -6 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
313 MACARTHUR PLACE  
MAITLAND FL 32751

Mailing Address  
313 MACARTHUR PLACE  
MAITLAND FL 32751

2. Principal Place of Business  
500 N. MAITLAND AVE.

3. Mailing Address  
500 N. MAITLAND AVE.

Suite, Apt. #, etc.  
SUITE 107

Suite, Apt. #, etc.  
SUITE 107

DUE BY MAY 1, 2003

City & State  
MAITLAND, FL

City & State  
MAITLAND, FL

4. FEI Number 59-3204327

Applied For  
Not Applicable

Zip 32751 Country USA  
~~ORANGE~~

Zip 32751 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

POHL, FRANK L.  
280 WEST CANTON AVENUE  
SUITE 410  
WINTER PARK FL 32789

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$1,275,000.00

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 GRAYSON, JEFFREY H  
STREET ADDRESS 313 MACARTHUR PLACE  
CITY-ST-ZIP MAITLAND FL 32751

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000016323630

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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

4-3-03

407-599-5065

Date

Daytime Phone #

CR2E003 (10/02)

0007912 AT

STAPLE CHECK HERE