

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000001459

1. Entity Name
EUCHRE GROUP III, LTD.



FILED

03 MAY -5 PM 7:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

Principal Place of Business
1708 CAPE CORAL PKWY. WEST
CAPE CORAL FL 33914

Mailing Address
1708 CAPE CORAL PKWY. WEST
CAPE CORAL FL 33914



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 65-0440278

Applied For
Not Applicable

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

CAPE WEST REALTY, INC.
811 SW 44TH STREET
CAPE CORAL FL 33914

Name BRIGANDS RESTAURANT, INC.
Street Address (P.O. Box Number is Not Acceptable)
1708 CAPE CORAL PKWY W

City CAPE CORAL FL Zip Code 33914

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 William A. Maher President
Signature, typed or printed name of registered agent and title if applicable.

4/22/03
DATE

9. Capital Contributions as Shown on record. \$992,375.00

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 # P99000096707
NAME BRIGANDS RESTAURANT, INC.
STREET ADDRESS 1708 CAPE CORAL PKWY., WEST
CITY-ST-ZIP CAPE CORAL FL 33914

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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 A. Maher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/22/03 239.337.3247
Date Daytime Phone #

CR2E000 (10/02)

0014943 AT