

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A95000001952**

1. Entity Name  
**DAVIE ALE HOUSE AND RAW BAR, LTD.**

FILED

00 FEB 17 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
612 N. ORANGE AVENUE, SUITE C-6  
JUPITER FL 33458

Mailing Address  
612 N. ORANGE AVENUE, SUITE C-6  
JUPITER FL 33458-5023

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0619456** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MILLER, JOHN W**  
**612 N. ORANGE AVENUE, SUITE C-6**  
**JUPITER FL 33458**

7. Name and Address of New Registered Agent  
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. **\$400,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **400,000.00**

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 # <b>P94000069803</b> NAME <b>DAVIE ALE HOUSE AND RAW BAR, INC.</b> STREET ADDRESS <b>612 N. ORANGE AVE., SUITE C-6</b> CITY - ST - ZIP <b>JUPITER FL 33458</b>	STREET ADDRESS CITY - ST - ZIP
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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:** *John W. Miller* **REQUIRED** John W. Miller 2/15/00 561-743-2299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

000463

IN

CR2E003 (9/99)