

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000000201

1. Entity Name

EMERALD COAST RESTAURANTS LTD.

Principal Place of Business

7000 WEST PALMETTO PARK ROAD, SUITE 400  
BOCA RATON FL 33433

Mailing Address

7000 WEST PALMETTO PARK ROAD, SUITE 400  
BOCA RATON FL 33433-3425

FILED

00 MAY -2 PM 4:20

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4519 PINE ISLAND ROAD  
Suite, Apt. #, etc.

3. Mailing Address

7000 W. PALMETTO PARK RD.  
Suite, Apt. #, etc.

City & State

SUNRISE FL.

City & State

BOCA RATON FL.

4. FEI Number

65-0638110

Applied For

Not Applicable

Zip

Country

33351 U.S.A.

Zip

Country

33433 U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARELLEK, STEVEN

7000 WEST PALMETTO PARK ROAD, SUITE 400.

BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

STEVEN GARELLEK

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

7000 W. PALMETTO PARK RD. SUITE 200

City

BOCA RATON

FL

Zip Code

33433

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.

\$500,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$800,000.00

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

DOCUMENT # P95000065410  
NAME EMERALD COAST RESTAURANT, INC.  
STREET ADDRESS 4519 NORTH PINE ISLAND ROAD  
CITY-ST-ZIP SUNRISE FL 33351

DOCUMENT # ~~Corlyn Inc (U.S.A) Corp.~~  
NAME ~~4519 North Pine Island Road~~  
STREET ADDRESS ~~Sunrise FL 33351~~  
CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 REQUIRED

3/31/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E001 (1/99)