

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000201**

1. Entity Name

EMERALD COAST RESTAURANTS LTD.

Principal Place of Business

**4519 PINE ISLAND ROAD
SUNRISE FL 33331**

Mailing Address

**7000 W. PALMETTO PARK ROAD, SUITE 200
BOCA RATON FL 33433**

FILED

01 APR 13 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**700 S. Federal Hwy.
Suite 200-SZG
Boca Raton, FL 33432**

4. FEI Number

65-0638110

Applied For

Not Applicable

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 200
BOCA RATON FL 33433**

Name

Garellek, Steven

Street

700 S. Federal Hwy., Suite 200

City

Boca Raton, FL 33432

Zip Code

7. Name and Address of New Registered Agent

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.

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 # **P96000076939**
NAME **COR-LYN (USA) CORP.**
STREET ADDRESS **4519 PINE ISLAND ROAD**
CITY-ST-ZIP **SUNRISE FL 33351**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

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-04/20/01--01134--001

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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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:

EMERALD COAST RESTAURANT, INC.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/18/01 954-572-3822

PRESIDENT EMERALD COAST RESTAURANT, INC.

CR2E003 (11/00)