

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A96000001712**

1. Entity Name
J. RYAN'S ON THE GRILL, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 31 AM 10:02

Principal Place of Business
**8389 S. TAMiami TRAIL
SARASOTA FL 34238-2935**

Mailing Address
~~8389 S. TAMiami TRAIL
SARASOTA FL 34238-2935~~



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
1834 Main St
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Sarasota FL

Zip
34236

4. FEI Number **65-0697284**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**BENDER, HARRY K
5915 PONCE DE LEON BLVD., 6TH FLOOR
CORAL GABLES FL 33146**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$300,000.00**

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 #	
NAME	CHANDLER, JAMES R III
STREET ADDRESS	3851 TANGIER TERRACE
CITY-ST-ZIP	SARASOTA FL 34239
DOCUMENT #	
NAME	BONFRERE, NICHOLAS
STREET ADDRESS	7535 CALLE FACIL
CITY-ST-ZIP	SARASOTA FL 34238
DOCUMENT #	
NAME	GONZALEZ, RAFAEL
STREET ADDRESS	3185 NOVUS COURT
CITY-ST-ZIP	SARASOTA FL 34237
DOCUMENT #	L9600000972
NAME	WINDEMERE WEST, L.C.
STREET ADDRESS	108 SUNRISE DRIVE 128 MAIN ST.
CITY-ST-ZIP	NOKOMIS FL 34275 OSPREY FL. 34229.
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	***526.25 ***526.25
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]* **7/17/00 941 9511503**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (5/00)