## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A9700000354  1. Entity Name							
WEST COAST BAR B Q, LTD.						DIVIS	FILED SION OF CORRESTATE
Principal Plac 10409 GREEN TAMPA FL 33	HEDGES DR		Mailing Address 10409 GREEN HEDGES DR. TAMPA FL 33626-1731		l	FILED SION OF CORPORATIONS EB -9 AM 11:22	
Principal Place of Business     3. Mailing Address							DELIN ORINA BONDA IKIDI DIKIN OFUF HUEN
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN TI	HIS SPACE
City & Stat	e		City & State			4. FEI Number 59-3509667	Applied For Not Applicable
Zip	Zip Country		Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name	and Address of Current F	Registered Agent -			∠7 Name and Address of New Register	red Agent
TITEN, EDWARD M 10409 GREEN HEDGES DR.					Name Street Address (I	(P.O. Box Number is Not Acceptable)	
TAMPA FL 33626							
					City	FL Zip Code	
8. The above	named entit	y submits this statement for	the purpose of changing it	s registere	ed office or register	ed agent, or both, in the State of Florida.	
SIGNATURE .	Signature, typed	or printed name of registered agent at	nd title if applicable. (NO	TE: Registere	d Agent signature required	when reinstating)	NE
9. Capital Contributions as Shown on record. \$312,840.00 in FLORIDA to					outions		ABLE TO DEPT. OF STATE E FOR FEE INFORMATION
•	A	GENERAL PARTNER T	HAT IS A BUSINESS EI	NTITY M	UST BE REGIST	TERED AND ACTIVE WITH THIS OFF t must be filed to change a general	FICE.
12.	NOIE	GENERAL PARTNER		13.	, an amendmen	ADDRESS CHANGES	
DOCUMENT# P9400079403				STRE	ET ADDRESS		
NAME STREET ADDRESS	10100 0112211 1122020 5111				-ST-ZIP	90000314	43998
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DOCUMENT#			STRE	ET ADDRESS			
STREE_LADDRESS CITY- ST-ZIP					-ST-ZIP	<b>\</b>	
14. I hereby certify that the information supplied with this filling 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 2/6/2000 813-926-5107							
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