

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001201

1. Entity Name

GENERAL BRADDOCK BREWING CO., LTD.

FILED

00 JAN 24 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

213 CLEMATIS STREET
WEST PALM BEACH FL 33401

Mailing Address

C/O CARLTON FIELDS
222 LAKEVIEW AVENUE, STE. 1400
WEST PALM BEACH FL 33401-6149

2. Principal Place of Business

3. Mailing Address

213 Clematis St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

W. Palm Beach, Florida

Zip

Country

Zip

Country

33401

USA

4. FEI Number 65-0758076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROONEY, PATRICK J JR.
C/O CARLTON FIELDS
222 LAKEVIEW AVE., SUITE 1400
WEST PALM BEACH FL 33401

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

\$419,000.00

10. Amount of Capital Contributions

as Shown on record 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

13. ADDRESS CHANGES ONLY

DOCUMENT # P97000047580
NAME ROONEY'S IRISH PUBS, INC.
STREET ADDRESS C/O 222 LAKEVIEW AVE., SUITE 1400
CITY - ST - ZIP WEST PALM BEACH FL 33401

STREET ADDRESS

CITY - ST - ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-14-00

561-659-7070