

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016089
AT

DOCUMENT # **A97000001319**



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 26 PM 2:29

1. Entity Name
INVERNESS BAR-B-Q, LTD.

Principal Place of Business
**750 W. MAIN STREET
INVERNESS FL 34450**

Mailing Address
**2107 SE 3RD AVENUE
OCALA FL 34471**



2. Principal Place of Business

3. Mailing Address

2605 SW 33rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Building 200

City & State

City & State

Ocala, FL

Zip

Country

Zip

Country

34474 USA

4. FEI Number **59-3453205**

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

**KIRKPATRICK, S. KAYE
6895 SW 18TH TERRACE RD
OCALA FL 34476**

Name

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

2020 SW 43rd Place

City **Ocala**

FL

Zip Code

34474

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

3/5/03

9. Capital Contributions
as Shown on record.

\$900,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # **P97000047806**
NAME **BBQ INVERNESS, INC.**
STREET ADDRESS **2107 SE 3RD AVENUE**
CITY-ST-ZIP **OCALA FL 34471**

STREET ADDRESS **2605 SW 33rd Street #200**
CITY-ST-ZIP **Ocala, FL 34474**

DOCUMENT # **KIRKPATRICK, S. KAYE**
NAME **6895 SW 18 TERRACE RD**
STREET ADDRESS **OCALA FL 34476**

STREET ADDRESS **~~6895 SW 18th Place~~**
CITY-ST-ZIP **~~Ocala, FL 34474~~**

DOCUMENT # **Amendment filed 3/26**
NAME **FF # 526.25**
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **500014068705**
CITY-ST-ZIP **03/14/03--01004--006 **526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP **FF # 526.25**

STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

Walt 3/28

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/5/03

Date

352 620 2514

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE