

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # A98000000643

1. Entity Name

DURANGO STEAKHOUSE OF QUEEN'S HARBOUR, LTD.

00 MAR 31 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mg4/12



Principal Place of Business

2325 ULMERTON ROAD, SUITE 20
CLEARWATER FL 34622

Mailing Address

2325 ULMERTON ROAD, SUITE 20
CLEARWATER FL 33762-3373

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

59-3497387

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GILES, JOEL B
200 CENTRAL AVENUE, SUITE 2300
P.O. BOX 2861
ST PETERSBURG FL 33731-2861

7. Name and Address of New Registered Agent

Name *THOMAS G SCHULTZ*
Street Address (P.O. Box Number is Not Accepted) *2325 ULMERTON ROAD, #20*
City *Clearwater* FL Zip Code *33762*

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

THOMAS G SCHULTZ

1/26/00

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.

\$47,500.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P98000006358
NAME DURANGO STEAKHOUSE OF QUEEN'S HARBOUR, INC
STREET ADDRESS 2325 ULMERTON ROAD, SUITE 20
CITY - ST - ZIP CLEARWATER FL-33731-2861 33762

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
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:

ST. PETERSBURG P. SCHULTZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/26/00
Date

727-540-0009
Daytime Phone #

CR2E003 (9/99)