

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

MJH

FILED

03 APR 17 AM 7:27

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DOCUMENT # : A98000000643

1. Entity Name  
DURANGO STEAKHOUSE OF QUEEN'S HARBOUR, LTD.



Principal Place of Business  
2325 ULMERTON ROAD, SUITE 20  
CLEARWATER FL 34622

Mailing Address  
2325 ULMERTON ROAD, SUITE 20  
CLEARWATER FL 34622

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 59-3497361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. 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

9. Capital Contributions  
as Shown on record. \$47,500.00

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

STREET ADDRESS

CITY-ST-ZIP

700016220867  
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/14/03

Date

727-540-0009

Daytime Phone #

CR2E003 (10/02)

0014268 AT