

# 2000 UNIFORM BUSINESS REPORT (UBR)

0007164 AF

DOCUMENT # A98000001145

1. Entity Name

CHOICE RESTAURANT ACQUISITION LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -1 PM 12: 06

Principal Place of Business

8011 S. DIXIE HWY.  
WEST PALM BEACH FL 33405

Mailing Address

8011 S. DIXIE HWY.  
WEST PALM BEACH FL 33405-4823

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MAGUIRE, JOHN

8011 S. DIXIE HIGHWAY

WEST PALM BEACH FL 33405

Name

DAWN M. GLIDDEN, CFO

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

8011 S. DIXIE Highway

City

West Palm B

FL

Zip

33405

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 DAWN M. GLIDDEN, CFO

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

(NOTE: Registered Agent signature required when reinstating)

4/28/00

DATE

9. Capital Contributions  
as Shown on record.

\$3,000,000.00

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 # P98000041519  
NAME CHOICE RESTAURANT MANAGEMENT CORP.  
STREET ADDRESS 8011 S. DIXIE HWY.  
CITY - ST - ZIP WEST PALM BEACH FL 33405

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 300003277423--1  
CITY - ST - ZIP -06/06/00--01018--012  
\*\*\*\*\*526.25 \*\*\*\*\*526.25

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/00 (561) 515-2380

Date

Daytime Phone #

16-1300025-C