

2002 UNIFORM BUSINESS REPORT (UBR)

0014811 AT

DOCUMENT # A98000001387

1. Entity Name

ISLAND HOUSE RESTAURANT LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 APR 12

Principal Place of Business

975 RABBIT ROAD
SANIBEL ISLAND FL 33957

Mailing Address

P.O. BOX 167
SANIBEL FL 33957-0167

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

65-0840438

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

HARRITY, MARTIN J
1263 ISABEL DRIVE
SANIBEL ISLAND FL 33957

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 fee if applicable.

MARTIN J HARRITY

DATE

4/1/02

9. Capital Contributions
as Shown on record.

\$300,000.00

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 # P37869
NAME HARRITY FAMILY CORPORATION
STREET ADDRESS 1263 ISABEL DRIVE
CITY-ST-ZIP SANIBEL ISLAND FL 33957

STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MARTIN J HARRITY

Date

Daytime Phone #

904-691-6920

CR2E003 (9/01)