

2000 UNIFORM BUSINESS REPORT (UBR)

001511 AF

DOCUMENT # A98000001454

1. Entity Name

NO ANCHOVIES (STUART), LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR -3 PM 6:23

Principal Place of Business
C/O FRANK C. EUCALITTO, CAFE CHARDONNAY
4533 PGA BOULEVARD
PALM BEACH GARDENS FL 33418

Mailing Address
C/O FRANK C. EUCALITTO, CAFE CHARDONNAY
4533 PGA BOULEVARD
PALM BEACH GARDENS FL 33418-3967



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-0848405
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WHITE, CHARLES R. L.
725 NORTH A1A, SUITE E-102
JUPITER FL 33477

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$240,000.00

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 # | P97000054595 | STREET ADDRESS | STREET ADDRESS | BK |
| NAME | NO ANCHOVIES ITALIAN RESTAURANT OF STUART | CITY - ST - ZIP | CITY - ST - ZIP | |
| STREET ADDRESS | 4533 PGA BLVD | | | |
| CITY - ST - ZIP | PALM BEACH GARDENS FL 33418 | | | |
| DOCUMENT # | | STREET ADDRESS | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | CITY - ST - ZIP | |
| STREET ADDRESS | | | | |
| CITY - ST - ZIP | | | | |
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| NAME | | CITY - ST - ZIP | 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

1/18/90

Date

56-624-1384

Daytime Phone #

CR2E003 (9/99)