## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9800001739						*		
1. Entity Name "					FILED			
CHAMPS SPORTS GRILLE, LTD.					4			
the state of the s					00 MAY 18 PM 12: 32			
Principal Place of Business Mailing Address					SECRETARY OF STATE			
2320 NORTHEAST 2ND STREET. SUITE 1A 2320 NORTHEAST 2ND STREET				ET. SUITE 1A		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
OCALA FL 34470 OCALA FL 34470-6992				•		,	,	
2. Principal Place of Business 3. Mailing Address						)	IONI OOM OOM IN	31 ( <b>3366</b> 51519 1515 1981
			H AVE					
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & Stat		City & State	Din A		4. FEI Number	59-3511112		Applied For
Zip	Country	Zìp	Country				<u></u> \$8.7	Not Applicable  5 Additional
34474	-8448 U.S.	34474-8448	<u>u.s.</u>		5. Certificate of		Fee R	equired
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent  Name 8. A.				
KASDAR-IOHN'A					MARC MULBARGER  Idress (P.O. BOX Number if Not Aggeotable)			
	RTHEAST 2ND STREET, SUITE 1A	2	27 11 SW 27 DF AVENUE					
OCALA FL 34470								
City OCI					14, FLORIDA FL 344974-8448			
8. The above named entity submits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida.								
Man Mulhar 3/Alm								
SIGNATURE Signature, typed or printed name of registered agent and title (Applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
9. Capital Contributions as Shown on record.  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.	P98000022958	INFORMATION .			1			
NAME	CHAMPS SPORTS GRILLE, INC. 2320 NORTHEAST 2ND STREET,	STREET ADDRESS 2711 SW 2711 AVENLE						
STREET ADDRESS CITY-ST-ZIP	OCALA FL 34470	SOIL IA	CITY-ST-ZIP	0	CALA, FR	DLIDA 3	34474-	-8448
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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 people as required by Chapter 620, Florida Statutes								
SIGNATURE: SIGNATURE: GARY A. THURSTON SIGNATURE: 3/2/2000 (352) 861-4650								
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  Date  Date  Date  Date								