2 [redacted] UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

01 MAY -1 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000001739

1. Entity Name

SAM SNEAD'S TAVERN OF OCALA, LTD.

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
2711 SW 27TH AVE.	825 SE 3RD AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA FLORIDA	City & State: OCALA, FLORIDA
Zip: 34474 Country: U.S.	Zip: 34471 Country: U.S

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3511112 ☐ Applied For ☐ Not Applicable

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
	Name: WINDY A. KEMP
	Street Address (P.O. Box Number is Not Acceptable): 825 SE 3RD AVENUE
	City: OCALA, FL Zip Code: 34471

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida.

SIGNATURE: [signature] Windy A. Kemp CFO/Treasurer (352) 629-7979 4/30/2001

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

9. Capital Contributions as Shown on record. 775,500.00

10. Amount of Capital Contributions in FLORIDA to date 385,500.00

11. MAKE CHECK PAYABLE TO: DEPT. OF STATE
12. 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 #	P98000022958	STREET ADDRESS	825 SE 3RD AVENUE
NAME	SAM SNEADS TAVERN MANAGEMENT, INC.	CITY-ST-ZIP	OCALA, FLORIDA 34471
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	500004219465--3
STREET ADDRESS			-05/16/01--01036--028
CITY-ST-ZIP			****535.00 ****535.00
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NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

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] Windy A. Kemp CFO/Treasurer (352) 629-7979 4/30/2001 (352)629-7979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #