

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001739

1. Entity Name

SAM SNEAD'S TAVERN OF OCALA LTD.

FILED

02 MAR 15 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

2711 SW 27TH AVENUE
OCALA FL 34474

Mailing Address

825 SE 3RD AVE.
OCALA FL 34471

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

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

KEMP, WENDY A
825 SE 4RD AVE.
OCALA FL 34471

3RD

Name

WINDY A. KEMP

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

825 SE 3RD AVENUE

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 title if applicable.

1/22/2002
DATE

9. Capital Contributions
as Shown on record.

\$775,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

775,500.00

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 # P98000022958 SNEADS
NAME SAM SENADS TAVERN MANAGEMENT, INC.
STREET ADDRESS 825 SE 3RD AVE.
CITY-ST-ZIP OCALA FL 34471

STREET ADDRESS

CITY-ST-ZIP

900005145839-7

STREET ADDRESS

-03/22/02--01035--002

CITY-ST-ZIP

****135.00 ****135.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

900005145839-7

CITY-ST-ZIP

-03/22/02--01035--003

****400.00 ****400.00

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Windy A. Kemp
CFO/Treasurer
(352) 629-7979

Date

Daytime Phone #

CR2E003 (9/01)