

2001 UNIFORM BUSINESS REPORT (UBR)

0014694 AF

DOCUMENT # A98000001963

1. Entity Name
THE CORRAL OF BRADENTON LIMITED PARTNERSHIP

Principal Place of Business
**7001 TEMPLE TERRACE HWY
TAMPA FL
33**

Mailing Address
**P.O. BOX 16307
TAMPA FL 33687**

FILED

01 MAR 28 AM 7:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3585763

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

**MILLER, RANDELL ESO
315 S. HYDE PARK AVENUE
TAMPA FL 33606**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$175,000.00

10. Amount of Capital Contributions in FLORIDA to date.

8 / 17 000.00

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 # **V31329**
NAME **YOMAR RESTAURANT, INC.**
STREET ADDRESS **7001 TEMPLE TERRACE HWY**
CITY-ST-ZIP **TAMPA FL 33637**

STREET ADDRESS

600003961126--8

CITY-ST-ZIP

**-04705701--01075--028
****526.25 ****526.25**

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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

JAMES S. Young Jr

Date

1/10/01

Daytime Phone #

877-988-6128

CR12E003 (11/00)