

# 2001 UNIFORM BUSINESS REPORT (UBR)

0012826 AF

DOCUMENT # A99000000411

1. Entity Name

THE RESTAURANTS AT CARILLON BEACH, LTD.

FILED

01 MAY -2 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

102 CARILLON MARKET STREET  
PANAMA CITY BEACH FL 32413

Mailing Address

102 CARILLON MARKET STREET  
PANAMA CITY BEACH FL 32413

2. Principal Place of Business

102 Market Street

3. Mailing Address

102 Market Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Panama City Beach

City & State

Panama City Beach

4. FEI Number

59-3563541

Applied For

Not Applicable

Zip

Country

FL. 32413

Zip

Country

FL. 32413

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALBRECHT, PAUL A  
102 MARKET STREET  
PANAMA CITY BEACH FL 32413

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

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.

\$2,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

2000

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

DOCUMENT # P00000047128  
NAME BIG PAPA INC  
STREET ADDRESS 102 MARKET STREET  
CITY-ST-ZIP PANAMA CITY BEACH FL 32413

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

WILLIAM A. ALBRECHT  
W. H. A. ALBRECHT

Date

Daytime Phone #

4/30/01

234-5600

CR2E003 (11/00)