

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002212

1. Entity Name

AGNES BASS FAMILY PARTNERSHIP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 24 AM 3:05

[Handwritten Signature]

Principal Place of Business

Mailing Address

2. Principal Place of Business

4 First St., SE

Suite, Apt. #, etc.

City & State

Ft. Walton Beach, FL

Zip

32548

Country

Okaloosa

3. Mailing Address

4 First St., SE

Suite, Apt. #, etc.

City & State

Ft. Walton Beach, FL

Zip

32548

Country

Okaloosa

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3621162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Lillian B. Hill

4 First St., SE

Ft. Walton Beach, FL 32548

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. \$385,000.00

10. Amount of Capital Contributions

in FLORIDA to date. \$385,000.00

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

DOCUMENT #

184938

NAME

The Staff Restaurant, Inc.

STREET ADDRESS

24 Miracle Strip Pkwy., SE

CITY-ST-ZIP

Ft. Walton Beach, FL 32548

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

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STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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****526.25 ****526.25

Sign Here

Sign Here

14. I hereby certify that the information supplied with this filing 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

The Staff Restaurant, Inc.

SIGNATURE: By: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

President

[Handwritten Signature]

(850) 243-3482

Date

Daytime Phone #

CR2E003 (9/99)