

2002 UNIFORM BUSINESS REPORT (UBR)

0007087 AT

DOCUMENT # A99000002212

1. Entity Name
AGNES BASS FAMILY PARTNERSHIP, LTD.

FILED

02 APR 29 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**4 FIRST STREET, S.E.
FT. WALTON BEACH FL 32548**

Mailing Address
**4 FIRST STREET, S.E.
FT. WALTON BEACH FL 32548**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2002

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
**HILL, LILLIAN B
4 FIRST STREET, S.E.
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. DATE

9. Capital Contributions as Shown on record. **\$385,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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., S.E.
CITY-ST-ZIP	FT. WALTON BEACH FL 32548
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	500005481745--2
CITY-ST-ZIP	-05/07/02-01076-003
	****526.25 ****526.25
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: **April 19, 2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date 850 243-3482

CR2E003 (9/01)