LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED
02 MAR 21 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B01000000450

1. Entity Name

OVATIONS FOOD SERVICES, L.P.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10012 N. Dale Mabry	10012 N. Dale Mabry
Suite, Apt. #, etc.: Suite 215	Suite, Apt. #, etc.: Suite 215
City & State: Tampa FL	City & State: Tampa FL
Zip: 33618 Country: United States	Zip: 33618 Country: United States

DUE BY MAY 1

4. FEI Number: 23-3035417 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Todd F. Wickner

Street Address (P.O. Box Number Is Not Acceptable): 10012 N. Dale Mabry, Suite 215

City: Tampa FL Zip Code: 33618

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$5,000 cc	$5,000 cc	

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 #	P97000052178	STREET ADDRESS	
NAME	Leisure + Recreation Consultants, Inc.	CITY-ST-ZIP	600005168846--7 -03/26/02--01037--006
STREET ADDRESS	10012 N. Dale Mabry, Ste 215		
CITY-ST-ZIP	Tampa, FL 33618		
DOCUMENT #	F01000006519	STREET ADDRESS	****141.25 ****141.25
NAME	Ovations Food Services, Inc.	CITY-ST-ZIP	
STREET ADDRESS	10012 N. Dale Mabry, Ste215		
CITY-ST-ZIP	Tampa, FL 33618		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	DO NOT WRITE
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	IN THIS SPACE
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CITY-ST-ZIP			

CR2E003B (12/01)

STAPLE CHECK HERE

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: _____ Todd F. Wickner, VP 3/18/02 813-265-0699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #