

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT -3 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0001281 AT

DOCUMENT # B98000000642

1. Entity Name

JB/UNIVERSAL CITY RESTAURANT PARTNERS, L.P.

Principal Place of Business

Mailing Address

256 WORTH AVENUE SUITE R & Q
PALM BEACH FL 33480

256 WORTH AVENUE SUITE R & Q
PALM BEACH FL 33480

2. Principal Place of Business

6000 Universal Blvd.

3. Mailing Address

Suite 407

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL 32819

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 25, 2002

4. FEI Number 95-4686324

Applied For

Not Applicable

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

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$8,700,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$8,700,000

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 #	A02000000634
NAME	UNIVERSAL CITY DEVELOPMENT PARTNERS, LTD.
STREET ADDRESS	1000 UNIVERSAL STUDIOS PLAZA
CITY-ST-ZIP	ORLANDO FL 32819
DOCUMENT #	M98000001038
NAME	MARGARITAVILLE HOLDINGS, LLC
STREET ADDRESS	256 WORTH AVENUE, SUITES R-Q
CITY-ST-ZIP	PALM BEACH FL 33480
DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	
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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

Date

Daytime Phone #

9/25/02 (310)553-1707

CR2E003 (4/02)