

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B95000000234**

1. Entity Name

THE DOLPHIN CAPITAL FUND LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 PM 6:05

Principal Place of Business
**4940 NORTHDALÉ BOULEVARD
TAMPA FL 33624**

Mailing Address
**4940 NORTHDALÉ BOULEVARD
TAMPA FL 33624-1075**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3324444**

Applied For
Not Applicable

Zip Country

Zip Country

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

**BACON, BARTHOLOMEW P
4940 NORTHDALÉ BOULEVARD
TAMPA FL 33624**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$50,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **70,110.69**

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 # **F9400006110**
NAME **DOLPHIN CAPITAL MANAGEMENT, INC.**
STREET ADDRESS **4940 NORTHDALÉ BOULEVARD**
CITY - ST - ZIP **TAMPA FL 33624**

STREET ADDRESS
CITY - ST - ZIP **NY**
STREET ADDRESS
CITY - ST - ZIP **3/20**

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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: **BARTHOLOMEW P. BACON, PRESIDENT** **2/16/2000** Date **813-979-6000** Daytime Phone #

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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