

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000040

1. Entity Name
 SFMF HOLDINGS, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 MAR 20 PM 12:45

Principal Place of Business _____ **Mailing Address** _____

2. Principal Place of Business 9450 Old Dixie Highway
 Suite, Apt. #, etc. _____ **3. Mailing Address** Same
 Suite, Apt. #, etc. _____

City & State Lake Park, FL **City & State** _____
Zip 33403 **Country** USA **Zip** _____ **Country** _____

4. FEI Number 65-0977660 **Applied For** _____
 Not Applicable _____
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 K. Hope Wright
 9450 Old Dixie Highway
 Lake Park, FL 33403

7. Name and Address of New Registered Agent
 Name: K. Hope Wright
 Street Address (P.O. Box Number is Not Acceptable): 9450 Old Dixie Highway
 City: Lake Park FL Zip Code: 33403

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 \$9,615,100.00 **10. Amount of Capital Contributions in FLORIDA to date.** 19,000,000 **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 #	NAME	STREET ADDRESS	
	301 Willow Branch Lane	CITY-ST-ZIP	
	Old Hickory, TN 37138		
DOCUMENT #	NAME	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
		CITY-ST-ZIP	
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		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #	NAME	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: John W. Marlin, President of G.P. 3/8-00 45-847-2842
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____ **Date** _____ **Daytime Phone #** _____

CR2E003 (9/99)