

2002 UNIFORM BUSINESS REPORT (UBR)

0008417 AT

DOCUMENT # A00000000531

1. Entity Name

T.F.P. INVESTMENTS, LTD.

FILED

02 APR 24 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

6658 FRANCONIA DRIVE
BELLE ISLE FL 32812

Mailing Address

6658 FRANCONIA DRIVE
BELLE ISLE FL 32812

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

THORNTON, MARK B
6658 FRANCONIA DRIVE
BELLE ISLE FL 32812

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.

\$2,000,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P00000030405
NAME T.F. MANAGEMENT, INC.
STREET ADDRESS 6658 FRANCONIA DRIVE
CITY-ST-ZIP BELLE ISLE FL 32812

STREET ADDRESS

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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

01-28-02 407-854-4764

Date Daytime Phone #

CR2E003 (9/01)