

2001 UNIFORM BUSINESS REPORT (UBR)

001419 AF

DOCUMENT # A00000000933

1. Entity Name

FLG ICE LIMITED PARTNERSHIP

FILED

Handwritten signature

Principal Place of Business

Mailing Address

01 JAN 22 PM 12:09

255 FOREST LAKES BLVD. NORTH
OLDSMAR FL 34677

255 FOREST LAKES BLVD. NORTH
OLDSMAR FL 34677

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10222 Elizabeth Pl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

Zip

Country

Zip

Country

33619 USA

4. FEI Number

☒ 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

FLASKAY, NICHOLAS

255 FOREST LAKES BLVD. NORTH
OLDSMAR FL 34677

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

President, FLG, L.P.

(NOTE: Registered Agent signature required when reinstating)

1/18/01

DATE

9. Capital Contributions
as Shown on record.

\$10.00

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 # P95000093765
NAME FUNLEAGUE GROUP, INC.
STREET ADDRESS 255 FOREST LAKES BLVD. NORTH
CITY-ST-ZIP OLDSMAR FL 34677

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Signature of Nicholas Flaskay
NICHOLAS FLASKAY, G.P.

Date

Daytime Phone #

1/18/01

CR2E003 (11/00)