

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010473 AF

DOCUMENT # A00000001158

1. Entity Name

HOLLINGSWORTH TRADING, L.P.

FILED

01 MAY -2 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

107-A MORNINGSID DRIVE  
LAKELAND FL 33803

Mailing Address

107-A MORNINGSID DRIVE  
LAKELAND FL 33803

2. Principal Place of Business

2090 BARTON HIGHWAY  
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 1617  
Suite, Apt. #, etc.

City & State

LAKELAND, FL 33802

City & State

LAKELAND, FL

Zip

33802

Country

US

Zip

33802

Country

US

4. FEI Number

59-3658073

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

APLIN, DAVID F  
107-A MORNINGSID DRIVE  
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name  
DAVID F. APLIN  
Street Address (P.O. Box Number is Not Acceptable)  
2090 BARTON HIGHWAY  
City  
LAKELAND FL Zip Code  
33802

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

David F. Aplin, President of The General Partner 1-11-01

9. Capital Contributions  
as Shown on record.

\$1,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$7,000,000.00

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 file form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P00000042973  
NAME HOLLINGSWORTH CAPITAL MANAGEMENT, INC.  
STREET ADDRESS 107-A MORNINGSID DRIVE  
CITY-ST-ZIP LAKELAND FL 33803

13. ADDRESS CHANGES ONLY

STREET ADDRESS 2090 BARTON HIGHWAY  
CITY-ST-ZIP LAKELAND FL 33802

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

FF \$526.25

DOCUMENT #  
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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:

David F. Aplin, President of The General Partner 1-11-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)