

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001158

1. Entity Name

HOLLINGSWORTH TRADING, L.P.

Principal Place of Business

107-A MORNINGSIDE DRIVE
LAKELAND FL 33803

Mailing Address

107-A MORNINGSIDE DRIVE
LAKELAND FL 33803

2. Principal Place of Business

2090 BARTON HIGHWAY

3. Mailing Address

PO BOX 1611

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND, FL 33802

City & State

LAKELAND, FL

Zip

Zip

33802

Country

US

33802

US

5/2

DO NOT WRITE IN THIS SPACE

MM

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 MORNINGSIDE 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
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE

9. Capital Contributions
as Shown on record.

\$1,000,000.00

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

12. GENERAL PARTNER INFORMATION

13.

ADDRESS CHANGES ONLY

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

STREET ADDRESS

2090 BARTON HIGHWAY

CITY-ST-ZIP

LAKELAND, FL 33802

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #
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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: *David F. Aplin, President of The General Partner* 1-11-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

240100
AP

CR2E003 (11/00)