

# 2001 UNIFORM BUSINESS REPORT (UBR)

0014700 AF

DOCUMENT # A00000001454

1. Entity Name

EVELYN M. WRIGHT ENTERPRISES, LTD.

FILED

01 MAR 26 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| Principal Place of Business<br>C/O ESFANDIAR SHAFII<br>10318 ORANGE GROVE DRIVE<br>TAMPA FL 33618 | Mailing Address<br>C/O ESFANDIAR SHAFII<br>P.O. BOX 270895<br>TAMPA FL 33688 |
|---|--|

|  |  |         |         |
|--|--|---------|---------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip | Country | Country |
|--|--|---------|---------|

|                                  |  |
|----------------------------------|--|
| 4. FEI Number                    | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required                                    |

6. Name and Address of Current Registered Agent

BOGGS, E. JACKSON  
C/O FOWLER, WHITE, ET AL  
501 E. KENNEDY BLVD., SUITE 1700  
TAMPA FL 33602

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |   |
|---|---|---|
| 9. Capital Contributions as Shown on record. \$5,000,000.00 | 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 #                      | NAME                      | STREET ADDRESS           |  |
| NAME                            | SHAFII, ESFANDIAR         | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | 10318 ORANGE GROVE DRIVE  |                          |  |
| CITY-ST-ZIP                     | TAMPA FL 33618            |                          |  |
| DOCUMENT #                      | NAME                      | STREET ADDRESS           |  |
| NAME                            | MORGAN, GAIL A            | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | 3365 JACKSON CIRCLE, S.E. |                          |  |
| CITY-ST-ZIP                     | CLEVELAND TN 37323        |                          |  |
| DOCUMENT #                      | NAME                      | STREET ADDRESS           |  |
| NAME                            |                           | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                           |                          |  |
| CITY-ST-ZIP                     |                           |                          |  |
| DOCUMENT #                      | NAME                      | STREET ADDRESS           |  |
| NAME                            |                           | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                           |                          |  |
| CITY-ST-ZIP                     |                           |                          |  |
| DOCUMENT #                      | NAME                      | STREET ADDRESS           |  |
| NAME                            |                           | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                           |                          |  |
| CITY-ST-ZIP                     |                           |                          |  |
| DOCUMENT #                      | NAME                      | STREET ADDRESS           |  |
| NAME                            |                           | 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: Esfandiar Shafii RECEIVED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
Date 3/23/01 Daytime Phone # 813-933-4681

CR2E003 (11/00)