

2001 UNIFORM BUSINESS REPORT (UBR)

001040 AF

DOCUMENT # A00000001581

1. Entity Name
1224 HOLDINGS, LTD.

FILED

01 APR 24 PM 6:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2509 63RD AVENUE, EAST
BRADENTON FL 34203

Mailing Address
2509 63RD AVENUE, EAST
BRADENTON FL 34203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1051987

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

PRICE, BEN E
2509 63RD AVENUE, EAST
BRADENTON FL 34203

Name Wm. H. Hicks

Street Address (P.O. Box Number is Not Acceptable)

2509 63RD AVENUE EAST

City BRADENTON

FL

34203

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$3,168,000.00

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 # L00000012668
NAME 1224 OPS, L.L.C.
STREET ADDRESS 2509 63RD AVENUE, EAST
CITY-ST-ZIP BRADENTON FL 34203

STREET ADDRESS

CITY-ST-ZIP

500004163005--9

05/03/01--01110--021

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DOCUMENT #
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/7/01 941-752-9600

Date

Daytime Phone #

CR2E003 (11/00)