

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02 APR 19 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0005980 AT

DOCUMENT # A01000001533

1. Entity Name

POLAR FUND II, LTD.

Principal Place of Business

225 WEST WATER STREET  
SUITE 1987  
JACKSONVILLE FL 32202

Mailing Address

225 WEST WATER STREET  
SUITE 1987  
JACKSONVILLE FL 32202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

90-0003107

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

F&L CORP  
200 LAURA STREET  
JACKSONVILLE FL 32202

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

DATE

9. Capital Contributions  
as Shown on record.

\$1,000,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

0

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	CITY-ST-ZIP
	BERG, GILCHRIST B	225 WEST WATER STREET	JACKSONVILLE FL 32202
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	A01000001108	WS Management, LLP	225 Water St., S-1987
		Jacksonville, FL 32202	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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Please see attached

Certificate of Amendment.

Amended  
Filed  
1/18/02

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05/03/02 01077 023

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/17/02

Date

(904)355-9989

Daytime Phone #

CP2E003 (9/01)