

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A12213

1. Entity Name

GLOKIM INVESTORS LIMITED PARTNERSHIP

FILED

00 FEB -7 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2901 G JULIA ST.  
TAMPA FL 33629

Mailing Address

2060 RIDGELANE ROAD  
CLEARWATER FL 33755-1264  
Box 941478  
Maitland, FL 32794

2. Principal Place of Business

2901 G JULIA ST  
TAMPA FL  
City & State

3. Mailing Address

2942 W. BAY DR  
#30  
City & State  
BELLAIR BLUFFS FL

33629

Country

33770

Country

4. FEI Number

59-2194751

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EVANS, E. KIM  
2060 RIDGELANE RD.  
CLEARWATER FL 34615

7. Name and Address of New Registered Agent

Name

EVANS, E. KIM

Street Address (P.O. Box Number is not acceptable)

2942 W. BAY DR #30

City

BELLAIR BLUFFS FL 33770

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.

\$8,000.00

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
EVANS, E. KIM  
2060 RIDGELANE ROAD  
CLEARWATER FL 34615

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
LOUDERMILK, ALTON C  
455 MELROSE AVE.  
WINTER PARK FL 32789

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
WINSLOW, ROBERT M  
936 LAKE ADAIR BLVD. SOUTH  
ORLANDO FL 32804

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

Box 941478

CITY - ST - ZIP

Maitland, FL 32794

STREET ADDRESS

500003130215--E

CITY - ST - ZIP

02/03/00 01093 015

\*\*\*\*144.75 \*\*\*\*144.75

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

X 2-3-00

CP2E003 (9/99)