

2001 UNIFORM BUSINESS REPORT (UBR)

0014049 AF

DOCUMENT # A12213

1. Entity Name

GLOKIM INVESTORS LIMITED PARTNERSHIP

FILED

01 MAR 27 AM 7:08

Principal Place of Business

2901 B JULIA ST.
TAMPA FL 33629

Mailing Address

2942 W. BAY DR. #30
BELLAIR BLUFFS FL 33770

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

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

7. Name and Address of New Registered Agent

EVANS, E. KIM

2942 W. BAY DRIVE #30
BELLAIR BLUFFS FL 33770

Name

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

1031 W. MORSE BLVD
STE 333

City

WINTER PARK

FL

Zip Code

32789

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

13. ADDRESS CHANGES ONLY

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

EVANS, E. KIM
BOX 941478
MAITLAND FL 32794

STREET ADDRESS

CITY-ST-ZIP

1031 W. MORSE BLVD
STE 333
WINTER PARK FL 32789

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

LOUDERMILK, ALTON C
455 MELROSE AVE.
WINTER PARK FL 32789

STREET ADDRESS

CITY-ST-ZIP

200003961422-5
-04/05/01-01098-001

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

WINSLOW, ROBERT M
936 LAKE ADAIR BLVD. SOUTH
ORLANDO FL 32804

STREET ADDRESS

CITY-ST-ZIP

*****88.75 *****88.75

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

200003961422-5
-04/05/01-01098-002

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

*****56.00 *****56.00

DOCUMENT #

NAME

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/3/01
Date

(407) 647-7577
Daytime Phone #

CR2E003 (11/00)