

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A25639**

1. Entity Name

TRIVEST FUND I, LTD.

FILED

00 FEB -7 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

% TRIVEST GROUP, INC.  
2665 S. BAYSHORE DR., 8TH FLOOR  
MIAMI FL 33133

Mailing Address

% TRIVEST GROUP, INC.  
2665 S. BAYSHORE DR., 8TH FLOOR  
MIAMI FL 33133-5448

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1224572

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

~~KLEIN, PETER W.~~  
C/O TRIVEST GROUP, INC.  
2665 S. BAYSHORE DR., SUITE 801  
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name Maria C. Callejas  
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

Maria C. Callejas

1/6/00

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.

\$60,001,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

60,001,000.00

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 # A95000000689  
NAME TRIVEST 1988 FUND MANAGERS, LTD.  
STREET ADDRESS 2665 S. BAYSHORE DR., #800  
CITY - ST - ZIP MIAMI FL 33133

13.

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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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

Trivest 1988 Fund Managers, Ltd.

SIGNATURE:

By: Trivest Group, Inc.

B. Jay Anderson Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)