

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31669**

1. Entity Name

FUTURE PARTNERS, LTD.

FILED

00 APR 10 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2700 BAYSHORE BOULEVARD, UNIT 517
DUNEDIN FL 34698**

Mailing Address
**2700 BAYSHORE BOULEVARD, UNIT 517
DUNEDIN FL 34698**

2. Principal Place of Business
2700 Bayshore Blvd.

3. Mailing Address
2700 Bayshore Blvd.

Suite, Apt. #, etc. **519**

Suite, Apt. #, etc. **519**

City & State
Dunedin, FL

City & State
Dunedin, FL

Zip
34698

Country
Pinellas

Zip
34698

Country
Pinellas

4. FEI Number **59-3072-124**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KEUROGHLIAN, GREGORY H
2700 BAYSHORE BOULEVARD, UNIT 517
DUNEDIN FL 34698**

7. Name and Address of New Registered Agent

Name **"same"**

Street Address (P.O. Box Number is Not Acceptable)
2700 Bayshore Blvd #519

City **Dunedin** FL Zip Code **34698**

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]* **3-11-2000**

(NOTE: Registered Agent signature required when registration is changed.)

9. Capital Contributions as Shown on record. **\$75,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **ZERO**

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 **KEUROGHLIAN, GREGORY H**
STREET ADDRESS **2700 BAYSHORE BL, #519**
CITY - ST - ZIP **DUNEDIN FL 34698**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS **700003225717-5**
CITY - ST - ZIP **-04/26/00-01107-022**
******150.00 ****150.00**

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

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

3-11-2000
Date

Daytime Phone #

CR2E003 (9/99)