

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A31945

1. Entity Name

BLACKBURN FUND, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Principal Place of Business

Mailing Address

00 APR 20 AM 3:05

~~1600 SUNSHINE DRIVE~~  
~~CLEARWATER FL 34625~~

~~1600 SUNSHINE DRIVE~~  
~~CLEARWATER FL 33763-1316~~



2. Principal Place of Business

3. Mailing Address

3438 Skysail Place Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Tampa, FL

City & State  
Tampa, FL

4. FEI Number 59-3048060

Applied For  
Not Applicable

Zip Country  
33607 USA

Zip Country  
33607 USA

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

BLACKBURN, WILLIAM B

~~1600 SUNSHINE DRIVE~~  
~~CLEARWATER FL 34625~~

3438 Skysail Place  
Tampa, FL 33607

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$2,960,961.00

10. Amount of Capital Contributions in FLORIDA to date.

1,094,096

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  
BLACKBURN, WILLIAM B  
1600 SUNSHINE DRIVE  
CLEARWATER FL 34625

STREET ADDRESS  
CITY - ST - ZIP

200003241592--7  
-05/05/00--01097--002  
\*\*\*535.00 \*\*\*535.00

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/13/00

727-560-0621

CR2E003 (9/99)