

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000001025

1. Entity Name

FISHERS INDIANA WAREHOUSE LIMITED PARTNERSHIP

Principal Place of Business

1801 HERMITAGE BLVD., SUITE 600
TALLAHASSEE FL 32308

Mailing Address

1801 HERMITAGE BLVD., SUITE 600
TALLAHASSEE FL 32308

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

TODD, DAVID E
1801 HERMITAGE BLVD., SUITE 100
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

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.

\$15,128,260.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$15,128,260.00

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 # P93000066489
NAME FISHERS INDIANA WAREHOUSE INC.
STREET ADDRESS 1801 HERMITAGE BLVD., SUITE 600
CITY-ST-ZIP TALLAHASSEE FL 32308

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

By: Fishers Indiana Warehouse, Inc., General Partner

SIGNATURE:

Lynne M. Gray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Lynne M. Gray

3-28-01

Date

850/488-4406

Daytime Phone #

FILED

01 JUN -5 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4/20

4. FEI Number

59-3204221

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

CR2E003 (11/00)

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