

2002 UNIFORM BUSINESS REPORT (UBR)

0012874 AT

DOCUMENT # **A94000001366**

FILED

02 APR 17 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Entity Name

TROPHY HUNTER INVESTMENTS, LTD.

Principal Place of Business

Mailing Address

~~777 S. HARBOUR ISLAND BLVD., SUITE 270~~
~~TAMPA FL 33602~~

~~P.O. BOX 418~~
~~TAMPA FL 33601~~

2. Principal Place of Business

10124 Foxhurst Court

3. Mailing Address

10124 Foxhurst Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3264604

Applied For

Not Applicable

Zip

Country

32836 USA

Zip

Country

32836 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

VAN DYKE, STEVEN A

~~C/O TOWER INVESTMENT GROUP, INC. E-270~~
~~777 S. HARBOUR ISLAND BLVD., STE. 270~~
~~TAMPA FL 33602~~

10124 Foxhurst Court
Orlando, FL
32836

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.

DATE

9. Capital Contributions as Shown on record.

124,123.00.36

10. Amount of Capital Contributions in FLORIDA to date.

124,123,050.36

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 # **P94000068450**
NAME **TROPHY HUNTER, INC.**
STREET ADDRESS ~~777 S. HARBOUR ISLAND BLVD., STE 270~~
CITY-ST-ZIP **Orlando, FL 32836**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **300005307783--7**
CITY-ST-ZIP **-04/19/02--01035--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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/16/02 (407)345-8332

Date

Daytime Phone #

CR2E003 (9/01)