

2002 UNIFORM BUSINESS REPORT (UBR)

0013274 AT

DOCUMENT # A94000001468

1. Entity Name
FOG SILVER SPRINGS LIMITED

LF

FILED

02 APR 25 PM 12:49

SECRETARY OF STATE



Principal Place of Business
1745 W. FLETCHER AVENUE
TAMPA FL 33612

Mailing Address
1745 W. FLETCHER AVENUE
TAMPA FL 33612

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

DUE BY MAY 1, 2002

4. FEI Number 59-3275801

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

RICE, MICHAEL P
1745 W. FLETCHER AVENUE
TAMPA FL 33612

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$990.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 #	P94000059618	STREET ADDRESS	
NAME	FOG SILVER SPRINGS, INC.	CITY-ST-ZIP	
STREET ADDRESS	1745 W. FLETCHER AVENUE		
CITY-ST-ZIP	TAMPA FL 33612		
DOCUMENT #		STREET ADDRESS	000005418680--4
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NAME		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

SIGNATURE: *Michael P. Rice* **Michael P. Rice** **1/24/02** **(813)968-6511**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)