

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001635
1. Entity Name SOUTHEASTERN FUNDING PARTNERS, LTD
 2831 NW 41st Street, Suite D
 Gainesville, FL 32606

Principal Place of Business **Mailing Address**
 2831 NW 41st Street, Suite D
 Gainesville, FL 32606

2. Principal Place of Business 2831 NW 41st Street
3. Mailing Address 2831 NW 41st Street

Suite, Apt. #, etc.
Suite D

City & State Gainesville FL
City & State Gainesville FL

Zip 32606 **Country** US
Zip 32606 **Country** US

FILED
 01 APR 23 AM 10:32
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3279641
☐ **Applied For**
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

THOMPSON, C. FREDERICK
 2831 NW 41st Street, Suite D
 Gainesville, FL 32606

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. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$2,063,655.00**
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 #	P95000080910	STREET ADDRESS	
NAME	Thompson Property Management Corp	CITY-ST-ZIP	
STREET ADDRESS	2831 NW 41st Street, Suite D		
CITY-ST-ZIP	Gainesville, FL 32606		
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NAME		CITY-ST-ZIP	
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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: _____ **04/14/01** **352-378-4814**
C. FREDERICK THOMPSON, PRESIDENT, Thompson Property Management Corporation.
Signature and typed or printed name of signer General Partner Date Daytime Phone #

CR2E003 (11/00)