

2002 UNIFORM BUSINESS REPORT (UBR)

0013097 AT

DOCUMENT # A95000001281

1. Entity Name

POE FAMILY INVESTMENT COMPANY, LTD.

FILED

02 APR 25 PM 4: 18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



Principal Place of Business

511 BAY STREET, SUITE 400
TAMPA FL 33606

Mailing Address

511 BAY STREET, SUITE 400
TAMPA FL 33606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

59-3337121

Applied For

Not Applicable

Zip

Country

Zip

Country

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

POE INVESTMENTS, INC.

511 BAY STREET, SUITE 400

TAMPA FL 33606

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

\$14,023,000.00

10. Amount of Capital Contributions

in FLORIDA to date.

\$21,600,159.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P94000083012
NAME POE INVESTMENTS, INC.
STREET ADDRESS 511 BAY STREET, SUITE 400
CITY-ST-ZIP TAMPA FL 33606

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

William F. Poe

2/18/02

Date

813-259-4000

Daytime Phone #

CR2E003 (9/01)