

2001 UNIFORM BUSINESS REPORT (UBR)

0014092 AF

DOCUMENT # A96000001084

1. Entity Name
FLG FT. MYERS LIMITED PARTNERSHIP

FILED

01 FEB 19 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**2250 BROADWAY
FT MYERS FL 33901**

Mailing Address
**2250 BROADWAY
FT. MYERS FL 33901**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number
59-3394509

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
PLEASE NOTE CHANGE OF ADDRESS:
FUNLEAGUE GROUP, INC.
5405 CYPRESS CENTER DRIVE, SUITE 290
TAMPA FL 33609

7. Name and Address of New Registered Agent
Name **FUNLEAGUE GROUP, INC.**
Street Address (P.O. Box Number is Not Acceptable)
c/o TBSA NICHOLAS FIASKAY
251 LAKEVIEW DRIVE
City **OLDSMAR, FL** Zip Code **34677**

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 **MEL LOWELL** **EXEC. VP FUNLEAGUE GROUP, INC.** **GENERAL PARTNER** **2-15-01**
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. **\$99.00** 10. Amount of Capital Contributions in FLORIDA to date. **99.00** 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 #	P95000093765
NAME	FUNLEAGUE GROUP, INC.
STREET ADDRESS	5405 CYPRESS CENTER DRIVE, SUITE 295
CITY-ST-ZIP	TAMPA FL 33609
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	c/o TBSA NICHOLAS FIASKAY
CITY-ST-ZIP	251 LAKEVIEW DRIVE
STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR, FL 34677
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

SIGNATURE: **MEL LOWELL** **EXEC. VP** **2-15-01** **461.3145**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
FUNLEAGUE GROUP, INC.

CR2E003 (11/00)