

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 08:00 AM
Secretary of State

DOCUMENT # A96000001392

1. Entity Name

FIRST TEAM PREMIER, LTD.

Principal Place of Business

350 S. LAKE DESTINY DRIVE, SUITE 200

**ORLANDO
32801**

FL

Mailing Address

350 S. LAKE DESTINY DRIVE, SUITE 200

**ORLANDO
32801**

FL

2. Principal Place of Business

3. Mailing Address

110 SE SIXTH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

20TH FLOOR

City & State

City & State

FT LAUDERDALE

FL

Zip

Country

Zip

Country

33301

4. FEI Number

59-3392621

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

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD**

**PLANTATION
33324**

US

FL

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

(NOTE: Registered Agent signature required when reinstating)

04/25/2000

DATE

9. Capital Contributions

as Shown on record. **100,000.00**

10. Amount of Capital Contributions

in FLORIDA to date. **100,000.00**

**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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**FIRST TEAM MANAGEMENT, INC.
350 S. LAKE DESTINY DRIVE, SUITE 200
ORLANDO FL 32801**

STREET ADDRESS
CITY-ST-ZIP
**110 SE SIXTH STREET, 20TH FLOOR
FT LAUDERDALE FL 33301**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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: JONATHAN D. FERRANDO

04/25/2000