

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # A96000002360

1. Entity Name

FUN SPOT, LTD.

00 APR -3 AM 11:39

4/13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
320 W. HIGH STREET
OVIEDO FL 32765

Mailing Address
320 W. HIGH STREET
OVIEDO FL 32765-8703



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3416462

Applied For
Not Applicable

Zip

Country

Zip

Country

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

GROSMAN, KURT E
200 EAST ROBINSON STREET, SUITE 1150
ORLANDO FL 32801

Name JOHN ARIE
Street Address (P.O. Box Number is Not Acceptable) 320 WEST HIGH ST
OVIEDO
City FL Zip Code 32765

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)

DATE

9. Capital Contributions as Shown on record.

\$1,000.00

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 # P93000066680
NAME FUN SPOT OF FLORIDA, INC.
STREET ADDRESS 320 W. HIGH STREET
CITY - ST - ZIP OVIEDO FL 32765

STREET ADDRESS
CITY - ST - ZIP 100003214031-0
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/9/00 407-363-3867

Date Daytime Phone #

001379 AF

CR2E003 (9/99)