

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000529**

1. Entity Name

**FOG PARTNERS THREE LIMITED**

Principal Place of Business  
1745 WEST FLETCHER AVENUE  
TAMPA FL 33612

Mailing Address  
1745 WEST FLETCHER AVENUE  
TAMPA FL 33612-1820

FILED

00 MAY -4 PM 4: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3430655**

Applied For

Not Applicable

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

DIAMANDIS, JOHN T  
C/O RUDNICK & WOLFE  
101 E. KENNEDY BLVD., SUITE 2000  
TAMPA FL 33602

Name **Michael Rice**  
Street Address (P.O. Box Number is Not Acceptable)

**1745 W. Fletcher Ave**  
City **Tampa** FL Zip Code **33612**

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 **Michael P Rice** **Michael Rice** **4-17-00**  
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.

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 # **P94000033157**  
NAME **FOG GENERAL, INC.**  
STREET ADDRESS **1745 WEST FLETCHER AVENUE**  
CITY - ST - ZIP **TAMPA FL 33612**

STREET ADDRESS

CITY - ST - ZIP

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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: **Michael Rice** **MICHAEL RICE** **4-17-00** **813-968-6511**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CF2E003 (9/1/99)