

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000530**

1. Entity Name

FUN FUN ENTERPRISES, LTD.

Principal Place of Business

**1142 S. EDGEWOOD AVE.
JACKSONVILLE FL 32205**

Mailing Address

**1142 S. EDGEWOOD AVE.
JACKSONVILLE FL 32236-6953**

2. Principal Place of Business

P.O. Box 6953

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 6953

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32236

Country

USA

Zip

32236

Country

USA

4. FEI Number

59-3446608

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NOSRAT, BRUCE
1142 S. EDGEWOOD AVE.
JACKSONVILLE FL 32205**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

201 Odum's Mill Blvd.

City

Jacksonville

FL

Zip Code
32082

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.

\$2,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

880,450.82

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 # **P97000004981**
NAME **FUN FUN ENTERTAINMENT, INC.**
STREET ADDRESS **1142 S. EDGEWOOD AVE.**
CITY - ST - ZIP **JACKSONVILLE FL 32205**

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

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **P.O. Box 6953**
CITY - ST - ZIP **Jacksonville, FL 32236**

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

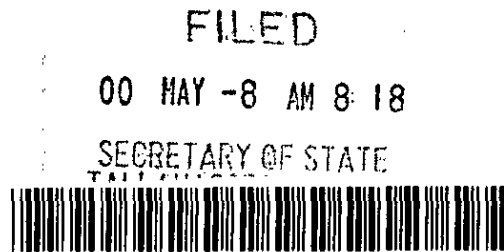
SIGNATURE:

SIGNATURE REQUIRED
Bruce Nosrat
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

(904) 273-4060



DO NOT WRITE IN THIS SPACE

CF 100 (1/99)