

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000530**

1. Entity Name

FUN FUN ENTERPRISES, LTD.

Principal Place of Business

P.O. BOX 6953

JACKSONVILLE FL 32236

Mailing Address

P.O. BOX 6953

JACKSONVILLE FL 32236

FILED

01 JUN -7 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1620 EMERSON STREET

Suite, Apt. #, etc.

3. Mailing Address

1620 EMERSON STREET

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip **32207**

Country **USA**

City & State

JACKSONVILLE, FL

Zip **32207**

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

201 ODOM'S MILL BLVD.

JACKSONVILLE FL 32082

7. Name and Address of New Registered Agent

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)

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP

P97000004981
FUN FUN ENTERTAINMENT, INC.
P.O. BOX 6953
JACKSONVILLE FL 32236

13. ADDRESS CHANGES ONLY

STREET ADDRESS

1620 EMERSON STREET

CITY-ST-ZIP

JACKSONVILLE, FL 32207

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100004422671-9
-06/15/01--01069--005
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DOCUMENT #
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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:

Bruce Nosrat
BRUCE NOSRAT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/01

Date

904-273-4060

Daytime Phone #

CR2E003 (11/00)

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