

2000 UNIFORM BUSINESS REPORT (UBR)

0002087 AF

DOCUMENT # **A97000000806**

1. Entity Name
HUNTFAM INVESTMENTS LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 11 AM 10:02

Principal Place of Business
**3711-A WEST GRACE STREET
TAMPA FL 33607**

Mailing Address
**3711-A WEST GRACE STREET
TAMPA FL 33607**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4510 Sylvan Ramble

3. Mailing Address
4510 Sylvan Ramble

City & State
Tampa FL

City & State
Tampa FL

Zip
33609

Country
USA

Zip
33609

Country
USA

4. FEI Number
59-3447581

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HUNTER, PAUL L
3711A W. GRACE ST.
TAMPA FL 33607**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$300.00**

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 #	P97000025532	STREET ADDRESS	
NAME	3 H INVESTMENTS CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	3711-A WEST GRACE STREET		
CITY-ST-ZIP	TAMPA FL 33607		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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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

Date Daytime Phone #

CR2E003 (5/00)