

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002951

1. Entity Name
FORTRESS PARTNERS I, LTD.

APPROVED
AND
FILED

00 APR 11 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7801 S.E. 58TH AVENUE
OCALA FL 34480

Mailing Address
P.O. BOX 1476
OCALA FL 34478-1476



2. Principal Place of Business
6015 SW Hwy 200

3. Mailing Address

Suite, Apt. #, etc.
Suite 101

Suite, Apt. #, etc.

City & State
Ocala FL

City & State

Zip
34474

Country

Zip

Country

4. FEI Number 59-3485275

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEEWARD, DIRK J
7801 S.E. 58TH AVENUE
OCALA FL 34480

7. Name and Address of New Registered Agent

Name

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

6015 SW Hwy 200

Suite 101

City

Ocala

FL

Zip Code

34474

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.

\$93,100.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$93,100.00

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 # P97000109109
NAME LIBERATOR CORP.
STREET ADDRESS 7801 S.E. 58TH AVENUE
CITY - ST - ZIP Ocala FL 34480

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CITY - ST - ZIP

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CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

P O Box 1476

CITY - ST - ZIP

Ocala FL 34478-1476

STREET ADDRESS

0000003222080--B

CITY - ST - ZIP

-04/25/00--01009--009

****526.25 ****526.25

STREET ADDRESS

CITY - ST - ZIP

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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: ~~BY SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/7/2000

0012500 JF

(6616) (9/97) C-2