

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000045**

1. Entity Name

FEDDER LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06

Principal Place of Business

267 ROBIN DR.
SARASOTA FL 34236

Mailing Address

267 ROBIN DR.
SARASOTA FL 34236-1603



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1100 SOUTH TAMiami TR

3. Mailing Address

1100 SOUTH TAMiami TRAIL

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

202

City & State

SARASOTA FL

City & State

SARASOTA, FL

4. FEI Number

65-0882745

Applied For

Not Applicable

Zip

34236

Country

USA

Zip

34236

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FEDDER, DARRIN J
267 ROBIN DR.
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

DARRIN J FEDDER

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

1100 SOUTH TAMiami TRAIL

202

City

SARASOTA

FL

Zip Code

34236

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

4-26-00

9. Capital Contributions
as Shown on record.

\$5,400,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

SAME

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 # **P97000108290**
NAME **FEDDER, INC.**
STREET ADDRESS **267 ROBIN DR.**
CITY - ST - ZIP **SARASOTA FL 34236**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **FEDDER INC,**
1100 SOUTH TAMiami TR # 202
CITY - ST - ZIP **SARASOTA, FL 34236**

DOCUMENT #
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

SIGNATURE: [Signature] DARRIN J FEDDER Pres. Fedder Inc 4-26-00

941-953-7777

CF 1001 (6/00)