

2001 UNIFORM BUSINESS REPORT (UBR)

0008296 AF

DOCUMENT # A98000000637

1. Entity Name

PINEBROOKE CC, LTD.

FILED

01 JAN 25 PM 12:46

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

Principal Place of Business
601 BAYSHORE BLVD., SUITE 650
TAMPA FL 33606

Mailing Address
601 BAYSHORE BLVD., SUITE 650
TAMPA FL 33606

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3507264** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FUNK, CHARLES B
601 BAYSHORE BLVD., SUITE 650
TAMPA FL 33606

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. **\$100.00** 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 # **P98000021812**
NAME **PINEBROOKE CC, INC.**
STREET ADDRESS **601 BAYSHORE BLVD., SUITE 650**
CITY-ST-ZIP **TAMPA FL 33606**

STREET ADDRESS
CITY-ST-ZIP **800003602578--3**
-01/30/01--01117--019
******141.25 ****141.25**

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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
Charles B. Funk

1/19/01 (813) 251-1221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (11/00)