

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000801

1. Entity Name

FOG PARTNERS EIGHT LIMITED

Principal Place of Business
1745 WEST FLETCHER AVENUE
TAMPA FL 33612

Mailing Address
1745 WEST FLETCHER AVENUE
TAMPA FL 33612-1820

FILED

00 MAY -4 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 52-2090127

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DIAMANDIS, JOHN T
C/O RUDNICK & WOLFE
101 E. KENNEDY BLVD., SUITE 2000
TAMPA FL 33602

Name Michael P. Rice
Street Address (P.O. Box Number is Not Acceptable)
1745 W. Fletcher
City Tampa FL Zip Code 33612

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 Michael P. Rice [Signature] DATE 4-17-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$99.00

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 # P98000019364
NAME FOG GENERAL TWO, INC.
STREET ADDRESS 1745 WEST FLETCHER AVENUE
CITY - ST - ZIP TAMPA FL 33612

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] MICHAEL RICE 4-17-00 813-968-6511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

(b)(6) (b)(7)(C)