

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000874**

1. Entity Name

TFV PROPERTIES, LTD.

Principal Place of Business

325 5TH AVE  
#207  
INDIALANTIC FL 32903

Mailing Address

PO BOX 3659  
INDIAATLANTIC FL 32903

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2396575

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KOONIN, LAUREN B  
325 5TH AVE., #207  
INDIALANTIC FL 32903

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

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.

\$9,500,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$9,500,000.00

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 # P98000028899  
NAME TF VENTURES, INC.  
STREET ADDRESS 325 5TH AVE #207  
CITY - ST - ZIP INDIALANTIC FL 32903

DOCUMENT #  
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STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

300003172493--0

CITY - ST - ZIP

03/16/00 01059 006

\*\*\*\*\*88.75 \*\*\*\*\*88.75

STREET ADDRESS

CITY - ST - ZIP

300003172493--0

-03/16/00--01059--007

\*\*\*\*\*437.50 \*\*\*\*\*437.50

STREET ADDRESS

CITY - ST - ZIP

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:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

LAUREN B. KOONIN 1-31-00 (321) 725-7500  
Date Daytime Phone #

FILED

00 MAR 13 PM 2: 13

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)