

2001 UNIFORM BUSINESS REPORT (UBR)

00203888 SP

DOCUMENT # **A98000000874**

1. Entity Name

TFV PROPERTIES, LTD.

Principal Place of Business

325 5TH AVE
#207
INDIALANTIC FL 32903

Mailing Address

PO BOX 3659
INDIALANTIC FL 32903

FILED

01 FEB -8 PM 2:51

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

INDIALANTIC FL

Zip

Country

Zip

32903

Country

BSA

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

7. Name and Address of New Registered Agent

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

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.

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

STREET ADDRESS 800003676228--6
CITY-ST-ZIP 02/13/01 01040-024
*****526.25 *****526.25

DOCUMENT #
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

LARRY KOONIN

1-19-01

321 725-7500

Date

Daytime Phone #

CR2E003 (11/00)