

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002397**

1. Entity Name  
**COBLE FUNDING, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 23, AM 9:05

Principal Place of Business  
**3810 NORTH 41ST AVENUE  
HOLLYWOOD FL 33021**

Mailing Address  
**3810 NORTH 41ST AVENUE  
HOLLYWOOD FL 33021-1842**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

DO NOT WRITE IN THIS SPACE

**65-0878553**  
**APPLIED FOR**

**MJH**

4. FEI Number **65-0878553** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**WASSERSTROM, JESSICA  
3810 NORTH 41ST AVENUE  
HOLLYWOOD FL 33021**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$525.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$5063.00**

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			13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>P98000080685</b>	STREET ADDRESS		
NAME	<b>COBLE MANAGEMENT, INC.</b>	CITY - ST - ZIP		
STREET ADDRESS	<b>3810 NORTH 41ST AVENUE</b>			
CITY - ST - ZIP	<b>HOLLYWOOD FL 33021</b>			
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**05/15/00 01025 006**  
**\*\*\*\*141.25 \*\*\*\*141.25**  
**FF \$141.25**

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** **24/11/00** **(984) 987-4088**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Jessica Wasserstrom** Date Daytime Phone #