

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002596**

1. Entity Name

ADVANTAGE CAPITAL FLORIDA PARTNERS I, LIMITED PA

Principal Place of Business

**100 N TAMPA STREET
SUITE 2410
TAMPA FL 33602**

Mailing Address

**100 N TAMPA STREET
SUITE 2410
TAMPA FL 33602-5809**

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3542906

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

DUNBAR, MARC W

**215 SOUTH MONROE STREET, SECOND FLOOR
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Timothy G. Cockshutt

Street Address (P.O. Box Number is Not Acceptable)

100 N. Tampa Street

Suite 2410

City

Tampa

FL

Zip Code

33602

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.

Timothy G. Cockshutt, Member of General Partner Entity

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/00

9. Capital Contributions
as Shown on record.

\$30,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$137,700.00

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 # **L98000002805**
NAME **ADVANTAGE CAPITAL FL GP I, L.L.C.**
STREET ADDRESS **100 N TAMPA STREET #2410**
CITY - ST - ZIP **TAMPA FL 33602**

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CITY - ST - ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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STREET ADDRESS

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FF \$526.25

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

4/20/00(813) 221-8700

By: **Advantage Capital FL GP I, L.L.C.**

Date

Daytime Phone #

By: **Crichton W. Brown, Member**