

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008211 AF

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**

2. Principal Place of Business

**Same as above**

3. Mailing Address

**Same as above**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3542906**

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

**COCKSHUTT, TIMOTHY G**

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

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.

(NOT)

Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$137,700.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$142,800.00**

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, LLC.**  
STREET ADDRESS **100 N TAMPA STREET #2410**  
CITY-ST-ZIP **TAMPA FL 33602**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

*Cricketon W Brown*

4/20/01

(813) 221-8700

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

Date

Daytime Phone #

CR2E003 (11/00)

FILED

01 APR 27 PM 3:53

SECRETARY OF STATE

TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE