

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000442 AV

DOCUMENT # **A98000002596**

1. Entity Name
**ADVANTAGE CAPITAL FLORIDA PARTNERS I, LIMITED PA
RTNERSHIP**



FILED

2003 APR 17 AM 11:29

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



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

4. FEI Number **59-3542906**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2003

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)

800016218308
04/17/03--01074--001 **526.25

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. **\$142,800.00**

10. Amount of Capital Contributions
in FLORIDA to date.

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

STREET ADDRESS

CITY-ST-ZIP

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

4/9/03 (813) 221-8700

Date

Daytime Phone #

CR2E003 (10/02)

STATE CHECK HERE