

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 17, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000002876**

1. Entity Name  
 BEE RIDGE, LTD.

Principal Place of Business C/O STEPHEN M. HUDOBA, ESQ. 101 EAST KENNEDY BLVD., SUITE 3700 TAMPA FL 33602	Mailing Address C/O STEPHEN M. HUDOBA, ESQ. 101 EAST KENNEDY BLVD., SUITE 3700 TAMPA FL 33602
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>58-2433127</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

HUDOBA STEPHEN MESQ.  
 HILL, WARD & HENDERSON, P.A.  
 101 EAST KENNEDY BLVD., SUITE 3700  
 TAMPA FL 33602 US

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: <b>FL</b> 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 \_\_\_\_\_ DATE **01/17/2000**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. 1.00	10. Amount of Capital Contributions in FLORIDA to date. 1.00	<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION.</b>
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**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 #	
NAME	FOLSUM PARTNERS, L.L.C.
STREET ADDRESS	101 EAST KENNEDY BLVD., SUITE 3700
CITY-ST-ZIP	TAMPA FL 33602
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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