

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000871**

1. Entity Name

THE BISHOP CAPITAL MANAGEMENT LIMITED PARTNERSHI

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 AM 9:46

Principal Place of Business
C/O DUNWODY WHITE & LANDON, P.A.
239 SOUTH COUNTY ROAD, SUITE 300
PALM BEACH FL 33480

Mailing Address
C/O DUNWODY WHITE & LANDON, P.A.
239 SOUTH COUNTY ROAD, SUITE 300
PALM BEACH FL 33480-4243



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

3. Mailing Address
301 W. Camino Gardens Blvd.
Suite 101
City & State
Boca Raton, FL
Zip
33432

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0957497

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
FICK, RONALD L
C/O DUNWODY WHITE & LANDON, P.A.
239 SOUTH COUNTY ROAD, SUITE 300
PALM BEACH FL 33480

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. \$5,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 # NAME STREET ADDRESS CITY - ST - ZIP	STREET ADDRESS CITY - ST - ZIP
P99000045338 BISHOP CAPITAL MANAGEMENT, INC. 239 SOUTH COUNTY ROAD, SUITE 300 PALM BEACH FL 33480	200008142752--7 -02/22/00--01047--003 ****526.25 ****526.25
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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: *William S. Bishop* REQUIRED
Signature and typed or printed name of signing General Partner
Date
Daytime Phone #
William S. Bishop, President, Bishop Capital Management, Inc. General Partner

CR2E003 (9/99)