

2000 UNIFORM BUSINESS REPORT (UBR)

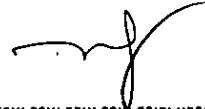
DOCUMENT # **A99000001113**

1. Entity Name

FLG PINELLAS LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 18 AM 10:02




DO NOT WRITE IN THIS SPACE

Principal Place of Business

**5405 CYPRESS CENTER DR., SUITE 295
TAMPA FL 33609**

Mailing Address

**5405 CYPRESS CENTER DR., SUITE 295
TAMPA FL 33609**

2. Principal Place of Business

255 FOREST LAKES BLVD. N.

3. Mailing Address

255 FOREST LAKES BLVD. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OLDSMAR FL

City & State

OLDSMAR FL

4. FEI Number

59-3598492

Applied For

Not Applicable

Zip

34677

Country

PINELLAS

Zip

34677

Country

PINELLAS

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FUNLEAGUE GROUP, INC.
5405 CYPRESS CENTER DR., SUITE 295
TAMPA FL 33609**

7. Name and Address of New Registered Agent

Name

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

255 FOREST LAKES BLVD. N.

City

OLDSMAR, FL

FL

Zip Code

34677

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

\$99.00

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

DOCUMENT # **P95000093765**
NAME **FUNLEAGUE GROUP, INC.**
STREET ADDRESS **5405 CYPRESS CENTER DR., SUITE 295**
CITY-ST-ZIP **TAMPA FL 33609**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **255 FOREST LAKES BLVD. N.**
CITY-ST-ZIP **OLDSMAR, FL 34677**

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

NICHOLAS FLASKAY 8/2/00

Date

Daytime Phone #

CR2E003 (5/00)