

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001449

1. Entity Name

TUNAMENT, LTD.

Principal Place of Business

5 TROPICAL LANE
DAYTONA BEACH FL 32118

Mailing Address

5 TROPICAL LANE
DAYTONA BEACH FL 32118-5221

2. Principal Place of Business

3. Mailing Address

P.O. Box 790

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Daytona Beach, FL.

Zip

Country

Zip

Country

32115

U.S.A

4. FEI Number

59-35986014

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

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH FL 32114

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.

\$1,000.00

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 # L99000005518
NAME BAWDAIRS CAPITAL MANAGEMENT, L.L.C.
STREET ADDRESS 5 TROPICAL LANE
CITY - ST - ZIP DAYTONA BEACH FL 32118

STREET ADDRESS

CITY - ST - ZIP

200003288862--8
-06/14/00--01070--009
***141.25 ***141.25

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CITY - ST - ZIP

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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: *Lucile McDermott* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

LUCILE McDERMOTT

4-28-00

904 239-9808

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33



DO NOT WRITE IN THIS SPACE