

2001 UNIFORM BUSINESS REPORT (UBR)

0012897 AF

DOCUMENT # A99000001449

1. Entity Name

TUNAMENT, LTD.

Principal Place of Business

5 TROPICAL LANE
DAYTONA BEACH FL 32118

Mailing Address

P.O. BOX 790
DAYTONA BEACH FL 32115

FILED

2001 MAY 11 PM 3:13

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1016 BEL AIRE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 790

Suite, Apt. #, etc.

City & State

DAYTONA BEACH FL

Zip
32118

Country

City & State

Daytona Beach, FL

Zip

32115

Country

4. FEI Number

59-3598614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC.

150 MAGNOLIA AVENUE

DAYTONA BEACH FL 32114

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$4,162,419.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$4,162,419.00

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1016 BEL AIRE DRIVE
CITY-ST-ZIP DAYTONA BEACH FL 32118

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 500004421465--3
CITY-ST-ZIP 06/14/01-01131-007
****526.25 ****526.25

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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

Co-manager signing on behalf of Bawdairs
Capital Management, L.L.C.

SIGNATURE: X
2/3/01:JFW:CB

LUCILE MCDERMOTT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)