

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000 1514**

1. Entity Name

**IR PARTNERSHIP, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business

**595 NORTH COURTENAY PKY.  
MERRITT ISLAND, FL. 32953**

Mailing Address

**595 NORTH COURTENAY PKY  
MERRITT ISLAND, FL. 32953**

2. Principal Place of Business

**7257 NW 4<sup>th</sup> BLVD  
Suite, Apt. #, etc. #36**

3. Mailing Address

**7257 NW 4<sup>th</sup> BLVD  
Suite, Apt. #, etc. #36**

DO NOT WRITE IN THIS SPACE

City & State

**GAINESVILLE, FL**

City & State

**GAINESVILLE, FL**

4. FEI Number

**59-3603-30**

Applied For

Not Applicable

Zip

**32607**

Country

**USA**

Zip

**32607**

Country

**USA**

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TRINITY, STEPHENAS  
595 NORTH COURTENAY PKY.  
MERRITT ISLAND, FL. 32953**

7. Name and Address of New Registered Agent

Name **PHIL BEVERLY**  
Street Address (P.O. Box Number is Not Acceptable) **408 W. UNIVERSITY SUITE 500**  
City **GAINESVILLE, FL** Zip Code **32601-5289**

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.

**\$100.00**

10. Amount of Capital Contributions in FLORIDA to date.

**\$100.00**

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 # **TRI-FUNDING GROUP, INC.**  
NAME **595 NORTH COURTENAY PKY.**  
STREET ADDRESS **MERRITT ISLAND, FL 32953**  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **7257 NW 4<sup>th</sup> BLVD #36**  
CITY-ST-ZIP **GAINESVILLE, FL 32607**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP **600003290526--1  
-06/15/00--01032--013**

DOCUMENT #  
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STREET ADDRESS  
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:

**Stephenas Trinity, General Partner**

**4-27-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/93)