

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # A99000001844

1. Entity Name

GALT, LTD.

00 APR -3 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*ry 4/17*



DO NOT WRITE IN THIS SPACE

Principal Place of Business

100 N. TAMPA STREET, STE 2120  
TAMPA FL 33602

Mailing Address

100 N. TAMPA STREET, STE 2120  
TAMPA FL 33602-5809

2. Principal Place of Business

*823 S. Edison Avenue*

3. Mailing Address

*823 S. Edison Avenue*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Tampa, FL*

City & State

*Tampa, FL*

Zip

*33606*

Country

*USA*

Zip

*33606*

Country

*USA*

4. FEI Number

*59-360620*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLARK, ROBERT W  
100 NORTH TAMPA STREET  
STE 2120  
TAMPA FL 33602

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.

~~\$3,755,000.00~~  
*3629925.50*

10. Amount of Capital Contributions  
in FLORIDA to date.

*3,629,935.50*

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 #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
  
RICHMOND, TYSON  
823 S. EDISON AVE.  
TAMPA FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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)(l), 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

*Tyson Richmond*

Date

Daytime Phone #

*3/1/00 (813) 610-2526*

CR2E003 (9/99)