

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # *A99000001845*

1. Entity Name

Hope Hill Ltd

02 JUN 12 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5010 Bayshore Blvd

3. Mailing Address

5010 Bayshore Blvd

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

#7

Suite, Apt. #, etc.

#7

DUE BY MAY 1

City & State

Tampa, FL

City & State

Tampa, FL

4. FFI Number

59-3606217

Applied For

Not Applicable

Zip

33611

Country

USA

Zip

33611

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Robert W. Clark

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

100 North Tampa Street

Ste 2120

City

Tampa

FL

Zip

33602

**DO NOT WRITE
IN THIS SPACE**

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

DATE

9. Capital Contributions
as Shown on record.

250,000

10. Amount of Capital Contribution
in FLORIDA to date.

250,000

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 #

999000098453

NAME

*Sargon Inc.
5010 Bayshore Blvd #7
Tampa, FL 33611*

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

200005790012

CITY - ST - ZIP

06/17/02-01058-006

DOCUMENT #

NAME

STREET ADDRESS

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IN THIS SPACE**

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 820, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6/6/2 (913) 610-2526

Date

Daytime Phone #

Tyson Richmond, Pres. of G.P.

CR2E003B (12/01)

STAPLE CHECK HERE