

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** A99000002054

**1. Entity Name**  
APEX FUND, LP

FILED

00 APR -5 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business** **Mailing Address**

~~2400 Forsyth RD  
Orlando, FL 32807~~

**2. Principal Place of Business** **3. Mailing Address**

2400 Forsyth RD Same  
Suite, Apt. #, etc. Suite 208  
City & State City & State

**City & State** **City & State**

Orlando FL  
Zip Country Zip Country  
32807 USA

**4. FEI Number** **Applied For**

59 3610394 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

Michael Grohowski  
833 Amber Road  
Orlando, FL 32807

**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 Mh W Lhh DATE 3/22/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. Capital Contributions as Shown on record.** 1,000,000,000 **10. Amount of Capital Contributions in FLORIDA to date.** 700K **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 #	MWG Capital Investments, LLC	STREET ADDRESS	2400 Forsyth Road Suite 208
NAME	833 Amber Road	CITY-ST-ZIP	Orlando, FL 32807
STREET ADDRESS	Orlando, FL 32807	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** Mh W Lhh 3/22/00 407 679 7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)