

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B93000000020

1. Entity Name

FOXHOUND FUND LIMITED PARTNERSHIP

Principal Place of Business

33 NORTH GARDEN AVENUE, SUITE 750  
CLEARWATER FL 33755

Mailing Address

33 NORTH GARDEN AVENUE, SUITE 750  
CLEARWATER FL 33755-6615

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3155122

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLLACK, RONALD J

33 NORTH GARDEN AVENUE, SUITE 750  
CLEARWATER FL 33755

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.

\$200,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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 # B96000000008  
NAME BULLDOG CAPITAL MANAGEMENT LIMTD PRITNERSHP  
STREET ADDRESS 33 NORTH GARDEN AVENUE, SUITE 750  
CITY - ST - ZIP CLEARWATER FL 33755

STREET ADDRESS

CITY - ST - ZIP

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:

*Signature*  
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/00

Date

727-298-5413

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED 0003 04/27/00