

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B95000000234

1. Entity Name
THE DOLPHIN CAPITAL FUND LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 PM 6:05

Principal Place of Business
**4940 NORTHDAL E BOULEVARD
TAMPA FL 33624**

Mailing Address
**4940 NORTHDAL E BOULEVARD
TAMPA FL 33624-1075**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3324444

Applied For
Not Applicable

Zip Country

Zip Country

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

**BACON, BARTHOLOMEW P
4940 NORTHDAL E BOULEVARD
TAMPA FL 33624**

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 _____ DATE _____
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. **\$50,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **78,110.69**

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 # **F9400006110**
NAME **DOLPHIN CAPITAL MANAGEMENT, INC.**
STREET ADDRESS **4940 NORTHDAL E BOULEVARD**
CITY - ST - ZIP **TAMPA FL 33624**

STREET ADDRESS
CITY - ST - ZIP **NY**
STREET ADDRESS
CITY - ST - ZIP **3/20**

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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: *Bartholomew P. Bacon* **SIGNATURE REQUIRED** 2/16/2000 Date 813-979-6000 Daytime Phone #

BARTHOLOMEW P. BACON, PRESIDENT