

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B960000000087

1. Entity Name

FOUNDING PARTNERS EQUITY FUND, LIMITED PARTNERSH

FILED

Principal Place of Business

~~600 LAUREL OAK DRIVE, STE. 203~~  
NAPLES FL 34108

Mailing Address

~~600 LAUREL OAK DRIVE, STE. 203~~  
NAPLES FL 34108

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

5100 N. TAMiami TRAIL

3. Mailing Address

5100 N. TAMiami TRAIL

Suite, Apt. #, etc.

CENTER

SUITE 119, NEWGATE

Suite, Apt. #, etc.

SUITE 119, NEWGATE CENTER

DO NOT WRITE IN THIS SPACE

City & State

NAPLES, FLORIDA

City & State

NAPLES, FLORIDA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

34103

Country

U.S.A.

Zip

34103

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD.  
1406 HAYS STREET - SUITE #2  
TALLAHASSEE FL 32301

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.

\$12,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date

\$2,259,554

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 this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P94000011946  
NAME FOUNDING PARTNERS CAPITAL MANAGEMENT CO.  
STREET ADDRESS ~~800 LAUREL OAK DRIVE, SUITE 203~~  
CITY-ST-ZIP ~~NAPLES FL 34108-2707~~

13. ADDRESS CHANGES ONLY

STREET ADDRESS 5100 N. TAMiami TRAIL  
CITY-ST-ZIP SUITE 119, NEWGATE CENTER  
NAPLES, FLORIDA 34103

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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

WILLIAM L. GOULICKS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-25-01 941-514-2900

CR2E003 (11/00)