

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # B97000000008**

1. Entity Name  
**HICKS & THOMAS, LTD.**

FILED  
 00 JUL -7 AM 9:08  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
**140 PUBLIC SQUARE, STE. 804**      **140 PUBLIC SQUARE, STE. 804**  
**CLEVELAND OH 44114**      **CLEVELAND OH 44114-2213**



DO NOT WRITE IN THIS SPACE

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      Applied For  
**34-1538572**      Not Applicable

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

6. Name and Address of Current Registered Agent

**THOMAS, NORMAN A**  
**353 S. U.S. HWY. 1 #C407**  
**JUPITER FL 33477**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. Capital Contributions as Shown on record.      **\$10,000.00**      10. Amount of Capital Contributions in FLORIDA to date.      **12,000.00**      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 #	
NAME	<b>HICKS, WILLIAM JR.</b>
STREET ADDRESS	<b>2715 WARRENSVILLE CENTER RD.</b>
CITY - ST - ZIP	<b>SHAKER HT. OH 44122</b>
DOCUMENT #	
NAME	<b>THOMAS, NORMAN A</b>
STREET ADDRESS	<b>12021 HAMLIN AVE.</b>
CITY - ST - ZIP	<b>CLEVELAND, OH 44120</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>700003313367--2</b>
CITY - ST - ZIP	<b>-07/05/00--01073--023</b>
	<b>****260.25      ****207.75</b>
STREET ADDRESS	<b>PP 207.75</b>
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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: **X [Signature]**      **5/1/2000**      Date      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER