

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** B97000000554

**1. Entity Name**

FFC Acquisition, LP DBA Fi-Foil COMPANY

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAY -1 PM 1:33

**Principal Place of Business**

**Mailing Address**

**2. Principal Place of Business**

612 Bridgers Ave W  
Suite, Apt. #, etc.

**3. Mailing Address**

P.O. Box 800  
Suite, Apt. #, etc.

**City & State**

Auburndale, FL

**City & State**

Auburndale, FL

**Zip**

33823

**Country**

USA

**Zip**

33823

**Country**

USA

**4. FEI Number**

06-1497091

**Applied For**

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**

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301-2525

**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** 5,555,000.00 **10. Amount of Capital Contributions** 2,500,000.00 **11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

as Shown on record. in FLORIDA to date.

**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 #	F97000005422	STREET ADDRESS	700003291767--9
NAME	Warwick Fi-Foil, Inc	CITY-ST-ZIP	-06/15/00--01088--025
STREET ADDRESS	70 Main Street		****535.00 ****535.00
CITY-ST-ZIP	New Canaan, CT 06840		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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:** R Paul Sprague **R. Paul Sprague General Partner** 4/28/00 863-965-1846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)