

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000070

1. Entity Name

FLOWERS DIRECT, LIMITED PARTNERSHIP

Principal Place of Business

5425 BEAUMONT CENTER BLVD., STE 920
TAMPA FL 33634

Mailing Address

5425 BEAUMONT CENTER BLVD., STE 920
TAMPA FL 33634

2. Principal Place of Business

860 Hwy 96 South
Suite, Apt. #, etc.

3. Mailing Address

860 Hwy 96 South
Suite, Apt. #, etc.

City & State

SILSBEE TX

City & State

SILSBEE TX

Zip

77656 US

Zip

77656 US

4. FEI Number

56-1953967

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DUE BY SEPTEMBER 26, 2001

6. Name and Address of Current Registered Agent

MCCLURE, WILLIAM C

5425 BEAUMONT CENTER BLVD., SUITE 920
TAMPA FL 33634

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4010 W. STATE ST

City

TAMPA

FL

Zip Code

33609

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

WILLIAM C MCCLURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/20/01

DATE

9. Capital Contributions
as Shown on record.

\$623,880.00

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

DOCUMENT # P95000056732
NAME FLORAL SENSATIONS, INC.
STREET ADDRESS 5425 BEAUMONT CENTER BLVD., STE 920
CITY-ST-ZIP TAMPA FL 33634

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 4010 W. STATE ST
CITY-ST-ZIP TAMPA, FL 33609

STREET ADDRESS
CITY-ST-ZIP
9800004616389-6
09/28/01-01050-003
****926.25 ****926.25

STREET ADDRESS
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:

SIGNATURE REQUIRED

9/17/01

813 243 1605

0001706 AT

FILED

01 SEP 25 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E003 (5/01)

STAPLE CHECK HERE