

# 2000 UNIFORM BUSINESS REPORT (UBR)

001149 J

**DOCUMENT # B98000000227**  
 1. Entity Name  
**MELNICK VENTURE PARTNERS I L.P.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 FEB 29 AM 10:41



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 262 MONTEREY DR.  
 NAPLES FL 34119

Mailing Address  
 262 MONTEREY DR.  
 NAPLES FL 34119-4624

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **52-208-7805** ~~NOT APPLICABLE~~  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**MELNICK, STUART L**  
**262 MONTEREY DR.**  
**NAPLES FL 34119**

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. **\$250,000.00**  
 10. Amount of Capital Contributions in FLORIDA to date. **-0-**  
 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 #                      | F98000001993                | STREET ADDRESS           | 262 MONTEREY DR       |
| NAME                            | MELNICK VENTURES, INC.      | CITY - ST - ZIP          | NAPLES, FL 34119      |
| STREET ADDRESS                  | 209 L'AMBIANCE CIRCLE, #105 |                          |                       |
| CITY - ST - ZIP                 | NAPLES FL 34108             |                          |                       |
| DOCUMENT #                      |                             | STREET ADDRESS           |                       |
| NAME                            |                             | CITY - ST - ZIP          |                       |
| STREET ADDRESS                  |                             |                          |                       |
| CITY - ST - ZIP                 |                             |                          |                       |
| DOCUMENT #                      |                             | STREET ADDRESS           | inf 3113100           |
| NAME                            |                             | CITY - ST - ZIP          |                       |
| STREET ADDRESS                  |                             |                          |                       |
| CITY - ST - ZIP                 |                             |                          |                       |
| DOCUMENT #                      |                             | STREET ADDRESS           | 8000003169498--9      |
| NAME                            |                             | CITY - ST - ZIP          | -03/14/00--01106--016 |
| STREET ADDRESS                  |                             |                          | ****141.25 ****141.25 |
| CITY - ST - ZIP                 |                             |                          |                       |
| DOCUMENT #                      |                             | STREET ADDRESS           |                       |
| NAME                            |                             | CITY - ST - ZIP          |                       |
| STREET ADDRESS                  |                             |                          |                       |
| CITY - ST - ZIP                 |                             |                          |                       |
| DOCUMENT #                      |                             | STREET ADDRESS           |                       |
| NAME                            |                             | 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: ~~STUART L MELNICK~~ **2/23/00** **941-593-5585**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)