

# 2000 UNIFORM BUSINESS REPORT (UBR)

0004176 AF



CR2E003 (5/00)

**DOCUMENT #** B98000000636

**1. Entity Name**

BLUE ELEPHANT FLORIDA COMPUTER DISTRIBUTION LP

**FILED**

00 DEC -8 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business** 8601 WELLINGTON LOOP  
KISSIMMEE FL 34747-1613

**Mailing Address** 8601 WELLINGTON LOOP  
KISSIMMEE FL 34747-1613

<b>2. Principal Place of Business</b> 544 EAGLE POINTE SOUTH Suite, Apt. #, etc.		<b>3. Mailing Address</b> 544 EAGLE POINTE SOUTH Suite, Apt. #, etc.	
City & State KISSIMMEE, FL		City & State KISSIMMEE, FL	
Zip 34746	Country USA	Zip 34746	Country USA

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 59-2124134

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

**6. Name and Address of Current Registered Agent**

UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD.  
SUITE 508  
MIAMI FL 33156-0000

**7. Name and Address of New Registered Agent**

Name  
BOB DE BOER

Street Address (P.O. Box Number is Not Acceptable)  
544 EAGLE POINTE SOUTH

City  
KISSIMMEE

FL Zip Code  
34746

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** **Bob de Boer**

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. **\$49,500.00**

**10. Amount of Capital Contributions** in FLORIDA to date. **49,500.00**

**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 #	M98000001259
NAME	BLUE ELEPHANT GENERAL PARTNER LLC
STREET ADDRESS	8601 WELLINGTON LOOP
CITY-ST-ZIP	KISSIMMEE FL 34747-1613
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	544 EAGLE POINTE SOUTH
CITY-ST-ZIP	KISSIMMEE, FL 34746
STREET ADDRESS	
CITY-ST-ZIP	
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #