

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000070

1. Entity Name

SOUTH ATLANTIC PRIVATE EQUITY PARTNERS IV, LIMIT

Principal Place of Business

C/O SOUTH ATLANTIC CAPITAL, INC.
614 WEST BAY STREET
TAMPA FL 33606

Mailing Address

C/O SOUTH ATLANTIC CAPITAL, INC.
614 WEST BAY STREET
TAMPA FL 33606-2704

FILED

00 MAY 23 PM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARBER, SANDRA P
C/O SOUTH ATLANTIC CAPITAL, INC.
614 WEST BAY STREET
TAMPA FL 33606

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 as Shown on record.

\$2.00

10. Amount of Capital Contributions in FLORIDA to date.

4,999,900

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 # F98000003008
NAME SOUTH ATLANTIC PRIVATE EQUITY PTNRS IV, INC
STREET ADDRESS 614 WEST BAY STREET
CITY - ST - ZIP TAMPA FL 33606

STREET ADDRESS

CITY - ST - ZIP

100003267221--3

05/25/00-01032-012

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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:

Sandra P. Barber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SANDRA P. BARBER

4/19/00

813-253-2500

Date

Daytime Phone #

CR2E003 (9/95)