2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000315

1. Entity Name

GLOBE FACILITIES LIMITED PARTNERSHIP

FILED
Jul 13 2000 8:00 am
Secretary of State

Principal Place of Business	Mailing Address
5405 CYPRESS CENTER DRIVE, SUITE 290 TAMPA FL 33609	5405 CYPRESS CENTER DRIVE, SUITE 290 TAMPA FL 33609-1051

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number — X Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SAUER, MICHEL
5405 CYPRESS CENTER DRIVE, SUITE 290
TAMPA FL 33609

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 as Shown on record. $243,571.00

10. Amount of Capital Contributions in FLORIDA to date. 50,000

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 #	P99000042688	STREET ADDRESS	
NAME	GLOBE GP INC.		
STREET ADDRESS	5405 CYPRESS CENTER DRIVE, SUITE 290	CITY - ST - ZIP	
CITY - ST - ZIP	TAMPA FL 33609		
DOCUMENT #		STREET ADDRESS	400003326984--2
NAME			-07/19/00--01004--002
STREET ADDRESS		CITY - ST - ZIP	****438.75 ****438.75
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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: [signature] REQUIRED 4/28/00 (813) 289-6187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #