

2001 UNIFORM BUSINESS REPORT (UBR)

0017082 AF

DOCUMENT # L98000002805

1. Entity Name
ADVANTAGE CAPITAL FL GP I, L.L.C.

FILED

01 APR 27 PM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**100 N. TAMPA ST., SUITE 2410
TAMPA FL 33602**

Mailing Address
**100 N. TAMPA ST., SUITE 2410
TAMPA FL 33602**

2. Principal Place of Business
Same as above

3. Mailing Address
Same as above

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0876503**

Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COCKSHUTT, TIMOTHY G
100 NORTH TAMPA STREET, SUITE 2410
TAMPA FL 33602**

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)

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BROWN, CRICHTON W 100 NORTH TAMPA STREET, SUITE 2410 TAMPA FL 33602 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM STULL, STEVEN T 909 POYDRAS STREET, SUITE 2230 NEW ORLEANS LA 70112 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BERGMANN, DAVID W 7733 FORSYTH BOULEVARD, SUITE 1850 ST. LOUIS MO 63105 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ZAJAC, SCOTT A 7733 FORSYTH BOULEVARD, SUITE 1850 ST. LOUIS MO 63105 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DOYLE, MAURICE E 1911 ELMORE AVENUE DOWNER'S GROVE IL 60515 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM COCKSHUTT, TIMOTHY G 345 BAYSHORE BOULEVARD, APT. 1513 TAMPA FL 33606 | <input type="checkbox"/> Delete |

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 500004218175-5 -05/15/01--0116--006 *****50.00 *****50.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Cockshutt, Timothy G. 100 N. Tampa Street, Suite 2410 Tampa, FL 33602 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *CRICHTON W. BROWN* 4/20/01 (813) 221-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)