

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003021

1. Entity Name  
HOUGHTON CAPITAL PARTNERS, LLC

Principal Place of Business  
100 SECOND AVE.. SOUTH. SUITE 605  
ST. PETERSBURG FL 33701

Mailing Address  
100 SECOND AVE.. SOUTH. SUITE 605  
ST. PETERSBURG FL 33701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3545994

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

HOUGHTON, BETH A  
100 SECOND AVENUE SOUTH, SUITE 605  
ST. PETERSBURG FL 33701

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

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

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE MGR  
NAME HOUGHTON, BETH A  
STREET ADDRESS 100 SECOND AVENUE SOUTH, SUITE 605  
CITY-ST-ZIP ST. PETERSBURG FL 33701 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400003567022-01  
-01/23/01--01074--016  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED  
01 JAN 17 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)