

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -2 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000003383

1. Entity Name
FOLSUM PARTNERS, L.L.C.

Principal Place of Business

1123 OVERCASH DRIVE
DUNEDIN FL 34698

Mailing Address

1123 OVERCASH DRIVE
DUNEDIN FL 34698-5522

2. Principal Place of Business

330 E. Kilbourn Ave

Suite, Apt. #, etc.

Suite 1454

City & State

Milwaukee WI

Zip

Country

3. Mailing Address

330 E. Kilbourn

Suite, Apt. #, etc.

Suite 1454

City & State

Milwaukee WI

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3548116

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, MARK D
20 N. ORANGE AVENUE, SUITE 1000
ORLANDO FL 32801-4626

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR
STREET ADDRESS HU DOBA, STEPHEN M
CITY- ST- ZIP 101 E. KENNEDY BLVD., SUITE 3700
TAMPA FL 33602

☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

100003259351--8
-05/19/00--01078--019
*****50.00 *****50.00

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE NAME
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TITLE 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)