

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1000X33 AF

DOCUMENT # L99000003197

1. Entity Name
FIPCO, L.L.C.

Principal Place of Business
225 WATER STREET, SUITE 2100
JACKSONVILLE FL 32202

Mailing Address
225 WATER STREET, SUITE 2100
JACKSONVILLE FL 32202-5154



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1820 CHERRY STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JACKSONVILLE FL

City & State

4. FEI Number
59-3611373

Applied For
Not Applicable

Zip
32205

Country
USA

Zip

Country

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

FREEMAN, ROBERT O
225 WATER STREET, SUITE 2100
JACKSONVILLE FL 32202

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
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
FREEMAN, VICTORIA R
1816
1816 CHERRY STREET
JACKSONVILLE FL 32205

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

TITLE
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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 OR MANAGER

4-30-00 904.396.5751 x 227

Date

Daytime Phone #

CR2E083 (9/99)