

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAR 30 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*emp 4/10*



DO NOT WRITE IN THIS SPACE

DOCUMENT # **L99000006928**

1. Entity Name

GLOBAL INVESTMENT PARTNERS, L.L.C.

Principal Place of Business

8161 MIDDLE FORK WAY  
JACKSONVILLE FL 32257

Mailing Address

8161 MIDDLE FORK WAY  
JACKSONVILLE FL 32256-7367

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For  
Not Applicable

Zip

Country

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

FOR. JETER, BOWLUS & DUSS, P.A.

10110 SAN JOSE BLVD  
JACKSONVILLE FL 32257

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: **PRESIDENT** MGRM -MGR  Delete  
NAME: **M. F. SAYRE**  
STREET ADDRESS: **8161 MIDDLE FORK WAY**  
CITY-ST-ZIP: **JACKSONVILLE FL 32256**

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS: **300003206373--4**  
CITY-ST-ZIP: **-04/12/00--01088--016**

TITLE: **VICE-PRESIDENT** MGRM  Delete  
NAME: **PETER BATH**  
STREET ADDRESS: **8272 WALLINGFORD HILLS LANE**  
CITY-ST-ZIP: **JACKSONVILLE FL 32256**

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS: **\*\*\*50.00 \*\*\*50.00**  
CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
NAME:  Delete  
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CITY-ST-ZIP:  Delete

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STREET ADDRESS:  Change  Addition  
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]* SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1-11-2000 (904) 645-0853  
Date Daytime Phone #

CFR2E083 (9/99)