## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 02, 2001 8:00 am DOCUMENT # **P93000025353 Secretary of State** BI-COUNTY L.P., INC. 03-02-2001 90089 002 \*\*\*150.00 Principal Place of Business Mailing Address 2212 6TH ST. 2212 6TH ST 1 40 1 0 0 SARASOTA FL 34237 SARASOTA FL 34237 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0397841 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DONALD C. FEE Street Address (P.O. Box Number is Not Acceptable) 2212 6TH ST. SARASOTA FL 34237 City 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Delete ☐ Addition NAME FEE, DONALD C JR NAME STREET ADDRESS 2212 6TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34237 TITLE Addition ☐ Detete ☐ Change TITLE FEE, DONALD C NAME NAME STREET ADDRESS STREET ADDRESS 2212 6TH ST. CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34237 ☐ Delete Change TITLE TITLE Addition NAME FEE, JEANNE M NAME STREET ADDRESS 2212 6TH ST. STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP SARASOTA FL TITLE ☐ Delete TITLE Change Addition NAME FLOCKER, STEVEN NAME STREET ADDRESS STREET ADDRESS 2212 6TH ST. CITY-ST-ZIP CITY-ST-ZIP SARASOTA-FL-34297 ■ Addition TITLE ☐ Delete TITLE Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/01

741-365-0880

FILED