2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State
04-05-2000 90056 024 ***150.00

DOCUMENT # P94000011946

1. Entity Name

FOUNDING PARTNERS CAPITAL MANAGEMENT COMPANY

Principal Place of Business	Mailing Address
801 LAUREL OAK DRIVE SUITE 620 NAPLES FL 34108-2705 US	801 LAUREL OAK DRIVE SUITE 620 NAPLES FL 34108-2713 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
800 LAUREL OAK DRIVE	800 LAUREL OAK DRIVE
Suite, Apt. #, etc.: SUITE 203	Suite, Apt. #, etc.: SUITE 203
City & State: NAPLES FL	City & State: NAPLES FL
Zip: 34108 Country: USA	Zip: 34108 Country: USA

4. FEI Number 65-0494453 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CEOP	☐ Delete
NAME	GUNLICKS, WILLIAM L	
STREET ADDRESS	~~801 LAUREL OAK DRIVE, SUITE 620~~ SEE ABOVE	
CITY-ST-ZIP	NAPLES FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (9/99)

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] WILLIAM L. GUNLICKS 3-30-00 941-514-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #