## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 01, 2001 8:00 am DOCUMENT # **P94000011946** Secretary of State FOUNDING PARTNERS CAPITAL MANAGEMENT COMPANY 05-01-2001 90008 019 \*\*\*150.00 Principal Place of Business Mailing Address 600 LAUREL OAK DRIVE 800 LAUREL GAK DRIVE SUITE 203 SUITE 200 NAPLES FL 34100-NAPLES FL-34108 -US 2. Principal Place of Business 3. Mailing Address SAME AS 5100 N. JAMIAMITRA Box 2 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0494453 VAPUES, FLORIDA Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ---6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) -1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** 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) 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 Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Delete Addition TITLE TITLE ☐ Change GUNLICKS, WILLIAM L NAME NAME 5100 N. TAM I AM) STREET ADDRESS 800 LAUREL OAK DRIVE -STE 203 -STREET ADDRESS SAME AS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ROXE TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 WITCHOOL 4-25-01 941-514-2900