

2000 UNIFORM BUSINESS REPORT (UBR)

0013679 AF

DOCUMENT # A27673

1. Entity Name
FOWLER'S TRAILER PARK, LTD.

FILED

00 JAN 27 PM 3: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**8200 S.W. 124TH STREET
MIAMI FL 33156**

Mailing Address
**3535 WINDMILL RANCH ROAD
FT. LAUDERDALE FL 33331-3050**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0089857**

Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$100.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	K51960
NAME	TRUP REALTY, INC.
STREET ADDRESS	3535 WINDMILL RANCH ROAD
CITY - ST - ZIP	FT. LAUDERDALE FL 33331
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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STREET ADDRESS	200003118482--1
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED *[Signature]* Date 1-20-2000 Daytime Phone # 954-388-4313

CR2E003 (9/99)