

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR -3 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/13

**DOCUMENT #** A29835  
1. Entity Name  
**ARNOLA, LTD.**

Principal Place of Business: P. O. Box 3486, Vero Beach, FL 32964  
Mailing Address: P. O. Box 3486, Vero Beach, FL 32964

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_

4. FEI Number: 65-0172074  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
Bailey, Stephen M.  
500 Azalea Lane  
Vero Beach, FL 32963

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

9. Capital Contributions as Shown on record: \$3,021,100.00  
10. Amount of Capital Contributions in FLORIDA to date: \$3,021,100.00  
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**

DOCUMENT #	L50389
NAME	Arnola, Inc.
STREET ADDRESS	500 Azalea Lane
CITY-ST-ZIP	Vero Beach, FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	7000003213947-2
CITY-ST-ZIP	-04/19/00--01015--010
STREET ADDRESS	****526.25 ****526.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: Stephen M. Bailey PRES. 1/30 Mar 00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER: STEPHEN M. BAILEY Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E003 (9/99)