

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32933**

1. Entity Name

THE COVERED DISH, LTD.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 210 SW 2ND AVNEUE GAINESVILLE FL 32601	Mailing Address 210 SW 2ND AVNEUE GAINESVILLE FL 32601
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2. Principal Place of Business 322 B NE 11th ST GAINESVILLE, FL	3. Mailing Address PO BOX 2944
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State GAINESVILLE, FL	City & State GAINESVILLE, FL	4. FEI Number 59-3117641	Applied For <input type="checkbox"/> Not Applicable
Zip 32601	Country USA	Zip 32602	Country USA

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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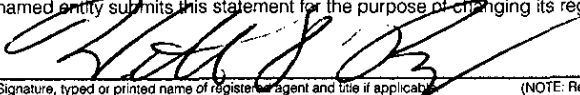
6. Name and Address of Current Registered Agent

**BRYSON, WILLIAM DOUGLA
210 SW 2ND AVENUE
GAINESVILLE FL 32601**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
**322 B NE 11th ST
GAINESVILLE FL 32601**

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 **3/12/00**

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. \$10,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY - ST - ZIP	V31412 BRYSON ENTERPRISES, INC. 211 NE 1ST STREET GAINESVILLE FL
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	322 B NE 11th ST.
CITY - ST - ZIP	GAINESVILLE, FL 32601
STREET ADDRESS	300003199003--6
CITY - ST - ZIP	-04707700--01002--008 ****158.75 ****158.75
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:  DATE **3/12/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)