

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000289
 1. Entity Name
MAINDALE SC COMPANY, LTD.

FILED

00 MAR 27 PM 2:55

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 1733 W. FLETCHER AVENUE
 TAMPA FL 33612

Mailing Address
 1733 W. FLETCHER AVENUE
 TAMPA FL 33612-1820

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

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

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-3172798** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**WALTERS, CLIFFORD L
 802 11TH STREET WEST
 BRADENTON FL 34205**

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. **\$97,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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

**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 #	P94000003725
NAME	FOG LAKELAND GENERAL, INC. <i>K/N/A</i>
STREET ADDRESS	1733 W FLETCHER AVE
CITY - ST - ZIP	TAMPA FL 33612 <i>Florida Corporate Inc.</i>
DOCUMENT #	G66829
NAME	TAMNOR CORPORATION
STREET ADDRESS	C/O 60 E. 42ND STREET
CITY - ST - ZIP	NEW YORK NY 10165
DOCUMENT #	G66830
NAME	NORTAM CORPORATION
STREET ADDRESS	550 MAMARONECK AVENUE, SUITE 404
CITY - ST - ZIP	HARRISON NY 10165
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	6000003202966-6
CITY - ST - ZIP	-04/11/00-01043-006
	****526.25 ****526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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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: *[Signature]* **SIGNATURE REQUIRED** *3/15/00*
 SIGNATURE, TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)