

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A94000000744**

1. Entity Name
FOWLER GROVES LIMITED PARTNESHIP

FILED
00 JAN 24 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1631 COUNTY ROAD 535
WINTER GARDEN FL 34787

Mailing Address
1647 COUNTY ROAD 535
WINTER GARDEN FL 34787



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3243583		Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
RUBINO, NICHOLAS J RUBINO & ASSOCIATES, P.A. 535 VERSAILLES DRIVE, SUITE 150 MATLAND FL 32751				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 _____ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record.	\$7,240,195.00	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P99000030272	STREET ADDRESS	
NAME	ISABEL T. FOWLER, INC.	CITY - ST - ZIP	
STREET ADDRESS	1647 COUNTY ROAD 535	STREET ADDRESS	500003144665--6
CITY - ST - ZIP	WINTER GARDEN FL 34787	CITY - ST - ZIP	-02/23/00--01063--022
DOCUMENT #		STREET ADDRESS	***526.25 ***526.25
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
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NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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 H. Beke Meyer **1-18-00** 4076565866
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
 Stephen H. Beke Meyer

CR2E003 (9/99)