

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001906**

1. Entity Name
TRIAD GROVES, LTD.

FILED

00 JAN 28 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
921 VIRGINIA DR.
WINTER PARK FL 32789

Mailing Address
C/O WILLIAM N. BARNES
P.O. BOX 2254
ORLANDO FL 32802-2254

2. Principal Place of Business
255 So. Orange Ave.

3. Mailing Address
40 Ted Edwards

Suite, Apt. #, etc.
Suite 800

Suite, Apt. #, etc.
P.O. Box 2254

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32781

Country
US

Zip
32782-2254

Country
US

4. FEI Number **59-3358555** | 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
BARNES, GLEN A
921 VIRGINIA DR.
WINTER PARK FL 32789

7. Name and Address of New Registered Agent
Name **Ted B. Edwards**
Street Address (P.O. Box Number is Not Acceptable)
255 South Orange Ave, Suite 800
City **Orlando** FL Zip Code **32781**

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 **1/18/00**
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: **\$6,000.00** 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P95000092332 TRIAD FARMS, INC. 921 VIRGINIA DR. WINTER PARK FL 32789	STREET ADDRESS CITY - ST - ZIP	7000003119017-3 -02/01/00--01108--005 ***141.25 ***141.25
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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: DATE **1/17/00** DAYTIME PHONE # **(407) 843-7300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #