2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001201

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Entity Name

JOHN W. STONE INVESTMENTS, LTD.

Principal Place of Business	Mailing Address
6230 CR 13 SOUTH HASTINGS FL 32145	6230 CR 13 SOUTH HASTINGS FL 32145-5634

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 74 Suite, Apt. #, etc.
City & State	Hastings, Fl City & State
Zip / Country	Zip 32145 / Country

4. FEI Number 59-3389027 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STONE, JOHN W
6230 CR 13 SOUTH
HASTINGS FL 32145

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 _____ DATE
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. $10,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 1.4 million

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 #		STREET ADDRESS	
NAME	STONE, JOHN W	CITY-ST-ZIP	
STREET ADDRESS	6230 CR 13 SOUTH		600003144986--5
CITY-ST-ZIP	HASTINGS FL 32145		-02/23/00--01088--001
DOCUMENT #		STREET ADDRESS	****526.25 ****526.25
NAME	STONE, SHIRLEY M		
STREET ADDRESS	6230 CR 13 SOUTH	CITY-ST-ZIP	
CITY-ST-ZIP	HASTINGS FL 32145		
DOCUMENT #		STREET ADDRESS	
NAME	STAPLES, CAROL S		
STREET ADDRESS	6230 CR 13 SOUTH	CITY-ST-ZIP	
CITY-ST-ZIP	HASTINGS FL 32145		
DOCUMENT #		STREET ADDRESS	
NAME	STONE, JOHN T		
STREET ADDRESS	6230 CR 13 SOUTH	CITY-ST-ZIP	
CITY-ST-ZIP	HASTINGS FL 32145		
DOCUMENT #		STREET ADDRESS	
NAME	GROFENHURST, LINDA S		
STREET ADDRESS	6230 CR 13 SOUTH	CITY-ST-ZIP	
CITY-ST-ZIP	HASTINGS FL 32145		
DOCUMENT #		STREET ADDRESS	
NAME	BENNETT, TOMMIE		
STREET ADDRESS	6230 CR 13 SOUTH	CITY-ST-ZIP	
CITY-ST-ZIP	HASTINGS FL 32145		

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 REQUIRED 1-21-2000 904-692-1428
SIGNATURE AND PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (9/99)