

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR -3 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A97000000186**

1. Entity Name

THE BERT E. ROPER AND BARBARA C. ROPER FAMILY LI

Principal Place of Business

12302 SUMMERPORT LANE
WINDERMERE FL 34786

Mailing Address

12302 SUMMERPORT LANE
WINDERMERE FL 34786-7511

Handwritten initials



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3420295

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ASMA, WILLIAM N P.A.
886 SOUTH DILLARD STREET
WINTER GARDEN FL 34787

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. **\$6,542,800.00**

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 **ROPER, BERT E**
STREET ADDRESS **12302 SUMMERPORT LANE**
CITY - ST - ZIP **WINDERMERE FL 34786**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME **ROPER, BARBARA C**
STREET ADDRESS **12302 SUMMERPORT LANE**
CITY - ST - ZIP **WINDERMERE FL 34786**

STREET ADDRESS

CITY - ST - ZIP

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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:

Handwritten signature of Bert E. Roper
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/24/00 401-656-3233
Date Daytime Phone #

CR 1E003 (3/99)