

# 2001 UNIFORM BUSINESS REPORT (UBR)

0012827 AF

**DOCUMENT # A97000000494**

1. Entity Name  
**M&D DOUGLAS PROPERTIES, LTD.**

**FILED**  
**01 MAY 31 AM 8:31**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address

**% DOUGLAS ENTERPRISES INTERNATIONAL, L.L.C.**      **86 NORTH 5TH STREET, SUITE 2**  
**86 N. 5TH STREET**      **LAKE CITY FL 32055**  
**LAKE CITY FL 32055**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**59-3440842**      Not Applicable

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

6. Name and Address of Current Registered Agent

**COLEMAN, C. RANDOLPH**  
**9250 BAYMEADOWS ROAD, SUITE 230**  
**JACKSONVILLE FL 32216**

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.      **\$25,000.00**

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 #	<b>L9700000178</b>
NAME	<b>DOUGLAS ENTERPRISES INTERNATIONAL, L.L.C.</b>
STREET ADDRESS	<b>86 N. 5TH STREET</b>
CITY-ST-ZIP	<b>LAKE CITY FL 32055</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
CITY-ST-ZIP	
STREET ADDRESS	<b>2000004421032--4</b>
CITY-ST-ZIP	<b>-05/14/01 --01100--038</b> <b>****263.75 ****263.75</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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]*      **4-19-01**      Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Daytime Phone #

CP2E003 (11/00)