

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001054

1. Entity Name

TOTAL CONVENTION SERVICES, LTD.

FILED

00 FEB -3 PM 2: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
C/O DOUGLAS ENTERPRISES INTERNATIONAL, L.L
86 N. 5TH STREET
LAKE CITY FL 32055

Mailing Address
86 NORTH 5TH STREET, SUITE 2
LAKE CITY FL 32055-3685

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3452426** Applied For
Not Applicable

Zip Country Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COLEMAN, C. RANDOLPH
9250 BAYMEADOWS ROAD, SUITE 230
JACKSONVILLE FL 32256

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

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. **\$20,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **20,000.00**

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 # **L9700000178**
NAME **DOUGLAS ENTERPRISES INTERNATIONAL, L.L.C.**
STREET ADDRESS **86 N. 5TH STREET**
CITY - ST - ZIP **LAKE CITY FL 32055**

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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **2-27-00** Daytime Phone #