

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001748**

1. Entity Name
FREERPORT BUSINESS PARK, LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 17 PM 5:20

Principal Place of Business Mailing Address
P.O. BOX 989 P.O. BOX 989
FREERPORT FL 32439 FREERPORT FL 32439-0989



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **59-3619240** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**PETERMANN, RICHARD P P.A.
SMITH, GRIMSLEY, BAUMAN, PINKERTON ET AL
25 WALTER MARTIN ROAD
FORT WALTON BEACH FL 32548**

7. Name and Address of New Registered Agent
Name **Robert E. Capps**
Street Address (P.O. Box Number is Not Acceptable) **225 Blue Ridge Parkway**
City **Freeport** FL Zip Code **32439**

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 *Robert E. Capps* **Robert E. Capps** 4/12/00
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. **\$1,500.00** 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 #	P97000056000
NAME	DEEPSEA VENTURES, INC.
STREET ADDRESS	16200 U.S. HIGHWAY 331, SOUTH
CITY - ST - ZIP	FREERPORT FL 32439
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	h/k
CITY - ST - ZIP	
STREET ADDRESS	4/17
CITY - ST - ZIP	
STREET ADDRESS	9000003230119-5 -04/28/00--01127--033 ****150.00 ****150.00
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: *Robert E. Capps* **REQUIRED** 4/12/00 **850-835-0100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)