

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002463**

1. Entity Name

ROOT REAL ESTATE III, LTD.

Principal Place of Business
525 FENTRESS BOULEVARD
DAYTONA BEACH FL 32114

Mailing Address
P.O. BOX 2860
DAYTONA BEACH FL 32120-2860

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 FEB 25 AM 11:53



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
275 Clyde Morris Blvd.

3. Mailing Address
275 Clyde Morris Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ormond Beach, FL

City & State
Ormond Beach, FL

4. FEI Number **59-3479070**

Applied For
 Not Applicable

Zip Country
32174 USA

Zip Country
32174 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VOGES, WILLIAM J
525 FENTRESS BOULEVARD
DAYTONA BEACH FL 32114

Name **William J. Voges**
 Street Address (P.O. Box Number is Not Acceptable)
275 Clyde Morris Blvd.
 City **Ormond Beach FL** Zip Code **32174**

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 **William J. Voges, Registered Agent** 1/10/2000
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. **\$1,295,100.96**

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 # **F92000000919**
 NAME **ROOT REAL ESTATE CORP**
 STREET ADDRESS **525 FENTRESS BOULEVARD**
 CITY - ST - ZIP **DAYTONA BEACH FL 32114**

STREET ADDRESS **275 Clyde Morris Blvd.** *1/31/00*
 CITY - ST - ZIP **Ormond Beach, FL 32174**

DOCUMENT # **M94000000022**
 NAME **RDT, L.L.C.**
 STREET ADDRESS **525 FENTRESS BLVD**
 CITY - ST - ZIP **DAYTONA BEACH FL 32114**

STREET ADDRESS **275 Clyde Morris Blvd.**
 CITY - ST - ZIP **Ormond Beach, FL 32174**

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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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/2/2000
 Date

Daytime Phone #

CR2E003 (9/99)