2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001388

1. Entity Name

GOLDDIGGERS INVESTMENT CLUB, A FLORIDA LIMITED P

FILED
00 FEB 22 AM 10:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
3305 ALLAMANDA CT. KISSIMMEE FL 34746	3305 ALLAMANDA CT. KISSIMMEE FL 34746-2730

DO NOT WRITE IN THIS SPACE

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 59-3408461 ☐ Applied For ☐ Not Applicable

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
BEHRE, MARY F 3305 ALLAMANDA CT. KISSIMMEE FL 34746	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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$24,000.00	$23,500.00	

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 #		STREET ADDRESS	FF $253.25
NAME	BEHRE, MARY F	CITY-ST-ZIP	
STREET ADDRESS	3305 ALLAMANDA CT.		700003145297--5
CITY-ST-ZIP	KISSIMMEE FL 34746		-02/23/00--01102--004
DOCUMENT #		STREET ADDRESS	****305.77 ****253.25
NAME	NOSSAL, RITA M	CITY-ST-ZIP	
STREET ADDRESS	2646 MCDANIEL DR.		
CITY-ST-ZIP	KISSIMMEE FL 34758		
DOCUMENT #		STREET ADDRESS	
NAME	GENDALL, ALYCE J Chulig, Brian	CITY-ST-ZIP	
STREET ADDRESS	4872 JAMAICA LN. 1165 Winkway Cir.		
CITY-ST-ZIP	KISSIMMEE FL 34746 Kissimmee, FL 34744		
DOCUMENT #		STREET ADDRESS	
NAME	SHIELDS, EILEEN A	CITY-ST-ZIP	
STREET ADDRESS	2730 MONTEGO BAY BLVD.		
CITY-ST-ZIP	KISSIMMEE FL 34746		
DOCUMENT #		STREET ADDRESS	
NAME	THURSTONE, ARLENE	CITY-ST-ZIP	
STREET ADDRESS	3312 ALLAMANDA CT.		
CITY-ST-ZIP	KISSIMMEE FL 34746		
DOCUMENT #		STREET ADDRESS	
NAME	WILLIAMS, BETTY F	CITY-ST-ZIP	
STREET ADDRESS	3311 ALLAMANDA CT.		
CITY-ST-ZIP	KISSIMMEE FL 34746		

CR2E003 (9/99)

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: Mary F. Behre SIGNATURE REQUIRED MARY F. BEHRE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #