

2000 UNIFORM BUSINESS REPORT (UBR)

Y 117000

DOCUMENT # A98000001417
1. Entity Name
 ALLAN G. W. AND DORIS S. MCLEOD FAMILY INVESTMEN

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 AUG 22 PM 4:15

Principal Place of Business **Mailing Address**
 3251 MORRIS LANE 3251 MORRIS LANE
 COCONUT GROVE FL 33133 COCONUT GROVE FL 33133-3230



2. Principal Place of Business **3. Mailing Address**

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

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE
 EIN 65 0862084
APPLIED FOR

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES, INC.
 201 S. BISCAYNE BOULEVARD, SUITE 3000
 MIAMI FL 33131

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$7,500.00 **10. Amount of Capital Contributions** in FLORIDA to date. 10,450.00

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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	MCLEOD, ALLAN G 3251 MORRIS LANE COCONUT GROVE FL 33133
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	MCLEOD, DORIS S 3251 MORRIS LANE COCONUT GROVE FL 33133
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	700003380357--1
CITY - ST - ZIP	09/01/00 01063 002 ****161.90 ****161.90
STREET ADDRESS	
CITY - ST - ZIP	
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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 of Allan G.W. McLeod* **ALLAN G.W. MCLEOD** (305) 585 5160
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER 4/29/00 Daytime Phone #

CR2E003 (9/99)