


# 2000 UNIFORM BUSINESS REPORT (UBR)

0010522 1

**DOCUMENT #** A98000002932

**1. Entity Name**  
LEE JOINT VENTURE, LTD.

FILED  
00 MAR 13 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>Principal Place of Business</b> 1715 MONROE STREET FORT MYERS FL 33901	<b>Mailing Address</b> C/O WILLIAM HOROWITZ 1715 MONROE STREET FORT MYERS FL 33901-3072
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>	<b>4. FEI Number</b> 73-6110601	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

HENDERSON FRANKLIN STARNES & HOLT, P.A.  
C/O WILLIAM HOROWITZ  
1715 MONROE STREET  
FORT MYERS FL 33901

**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** \_\_\_\_\_

<b>9. Capital Contributions as Shown on record.</b> \$2,123,774.57	<b>10. Amount of Capital Contributions in FLORIDA to date.</b> \$2,123,774.57	<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 #	F98000006375
NAME	SITAL, INC.
STREET ADDRESS	501 WEST I-44, SUITE 360
CITY - ST - ZIP	OKLAHOMA CITY OK 73118
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	100003184251--0
CITY - ST - ZIP	-03/27/00--01005--021 ****526.25 ****526.25
STREET ADDRESS	
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:**  **3.3.2000**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**  
JANICE S. BEIGLUND, PRESIDENT  
SITAL, INC.

**Date** 3.3.2000 **Daytime Phone #**

CR2E003 (9/99)