

2000 UNIFORM BUSINESS REPORT (UBR)

0007/441 1

DOCUMENT # A99000000879
1. Entity Name
 NICKLAUS/MN, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 APR 20 AM 3:05

Principal Place of Business
 11780 U.S. HIGHWAY ONE, SUITE 400
 NORTH PALM BEACH FL 33408

Mailing Address
 11780 U.S. HIGHWAY ONE, SUITE 400
 NORTH PALM BEACH FL 33408-3042



2. Principal Place of Business
 11780 U.S. Highway One

3. Mailing Address
 11780 U.S. Highway One

Suite, Apt. #, etc.
 Suite 300

City & State
 North Palm Beach, FL

City & State
 North Palm Beach, FL

Zip Country
 33408 USA

Zip Country
 33408 USA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 FHS CORPORATE SERVICES, INC
 11780 U.S. HIGHWAY ONE, SUITE 300
 NORTH PALM BEACH FL 33408

4. FEI Number Applied For
 Not Applicable

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

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** _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$7,500.00

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 # NAME STREET ADDRESS CITY - ST - ZIP	P99000049231 NICKLAUS FAMILY MANAGEMENT, INC. 11780 U.S. HIGHWAY ONE, SUITE 300 NORTH PALM BEACH FL 33408
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	200003246132--7 05/10/00--01015--011 ****141.25 ****141.25
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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: Nicklaus Family Management, Inc.
 By: Jack P. Bates, Secretary
SIGNATURE REQUIRED **4-17-00** **561 627-9100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #