

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001512**

1. Entity Name
REDWOOD VENTURES, LTD.

FILED

00 MAR 23 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**7900 GLADES ROAD
STE 510
BOCA RATON FL 33434**

Mailing Address
**7900 GLADES ROAD
STE 510
BOCA RATON FL 33434-4105**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

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
**JACOBSON, HAROLD B
7900 GLADES ROAD, STE 510
BOCA RATON FL 33434**

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 _____ 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. **\$17,000,000.00**

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 #	K64236
NAME	SUPREMA INC
STREET ADDRESS	7900 GLADES ROAD, #510
CITY - ST - ZIP	BOCA RATON FL
DOCUMENT #	L99000005646
NAME	TAG, L.C.
STREET ADDRESS	7900 GLADES ROAD, #510
CITY - ST - ZIP	BOCA RATON FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
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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: **HAROLD B JACOBSON**
SUPREMA INC. 1/27/00 561-883-5959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CFR2E003 (9/99)