

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** A99000002214

1: Entity Name  
**NFC 21 LIMITED PARTNERSHIP**

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address  
**40001 Emerald Coast Pkwy 40001 Emerald Coast Pkwy**

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 JUL 10 AM 9:25



DO NOT WRITE IN THIS SPACE

City & State **Destin** City & State **Destin** 4. FEI Number **59-3627228** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**Dana C. Matthews**  
**607 Highway 98 East**  
**Destin, FL 32541**

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 **1,500,000.00** 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	General Partner	STREET ADDRESS	<b>200003329282--0</b>
NAME	Florida Parks Enterprise, Inc.	CITY-ST-ZIP	<b>-07/20/00--01030--001</b>
STREET ADDRESS	40001 Emerald Coast Pkwy		<b>****526.25 ****526.25</b>
CITY-ST-ZIP	Destin, FL 32541		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: W. Michael Robinson Pres of Florida Park 4/20/00 850)654 7211  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)