

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90033 010 ***150.00

DOCUMENT # P96000101542

Entity Name
FORT LAUDERDALE INVESTMENT PARTNERSHIP, INC.

813691



DO NOT WRITE IN THIS SPACE

Legal Place of Business NORTH ANDREWS AVENUE LAUDERDALE FL 33309		Mailing Address 6400 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33309-2172	
Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
4. FEI Number 65-0714650		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DUKE, BRYAN W ESQ.
 6400 NORTH ANDREWS AVENUE
 5TH FLOOR
 FORT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDRESS	ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DP	STILES, TERRY M	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	6400 NORTH ANDREWS AVENUE							
	FORT LAUDERDALE FL							
VT	EAGON, DOUGLAS P	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	6400 N ANDREWS AVE							
	FT LAUDERDALE FL							
V	PALMER, STEPHEN R	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	6400 N ANDREWS AVE							
	FT LAUDERDALE FL							
VS	JONES, PATRICIA	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	6400 N ANDREWS AVE							
	FT LAUDERDALE FL 33309							
V	STINE, JAMES W	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	6400 N ANDREWS AVE							
	FT LAUDERDALE FL							
V	DUKE, BRYAN W	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	6400 N ANDREWS AVE							
	FT LAUDERDALE FL 33309							

CR2E034 (9/99)

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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRYAN W DUKE

Date

2/16/00

Daytime Phone #

(954) 776-9300