

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A20023**

1. Entity Name  
**EXCHANGE BUILDING, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 26 AM 3:05

Principal Place of Business  
**201 S. MONROE ST.  
SUITE 500  
TALLAHASSEE FL 32301**

Mailing Address  
**201 S. MONROE ST.  
SUITE 500  
TALLAHASSEE FL 32301-1851**



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|   |  |
|---|--|
| 4. FEI Number<br><b>59-2606070</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |

6. Name and Address of Current Registered Agent

**MILLER, WILTON R  
201 S. MONROE ST.  
SUITE 500  
TALLAHASSEE FL 32301**

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. <b>\$4,800.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE<br>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 #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MILLER, WILTON R.<br/>201 S. MONROE ST. #500<br/>TALLAHASSEE FL</b> | STREET ADDRESS<br>CITY - ST - ZIP | <del>600003248596-7</del><br>-05/11/00--01076--019<br>***141.25 ***141.25 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>OLIVE, W. ROBERT<br/>201 S. MONROE ST. #500<br/>TALLAHASSEE FL</b>  | STREET ADDRESS<br>CITY - ST - ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | STREET ADDRESS<br>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: **SIGNATURE REQUIRED** **W. Robert Olive, General Partner** Date: **4/25/2000** (850) 222-8611