

# 2000 UNIFORM BUSINESS REPORT (UBR)

0003705 AF

**DOCUMENT # A12760**

1. Entity Name  
8700 FLAGLER, LTD.

Principal Place of Business  
C/O THE ALLEN MORRIS COMPANY  
1000 BRICKELL AVENUE, SUITE 300  
MIAMI FL 33131

Mailing Address  
C/O THE ALLEN MORRIS COMPANY  
1000 BRICKELL AVENUE, SUITE 300  
MIAMI FL 33131-3004

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

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

City & State

FILED  
00 JAN 27 PM 3: 25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2220956** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
MORRIS, W. ALLEN  
C/O THE ALLEN MORRIS COMPANY  
1000 BRICKELL AVE., SUITE 1200  
MIAMI FL 33131

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. **\$100.00**

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 # NAME STREET ADDRESS CITY - ST - ZIP	P16775 HAMMOND VENTURE, INC. 1000 BRICKELL AVE #300 MIAMI FL	STREET ADDRESS CITY - ST - ZIP	100003119131--4 -02/01/00--0112--014 ****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: *Bill G. Davis* Bill G. Davis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
Date: 1-21-2000 (205) 358-1000  
Daytime Phone #

CR2E003 (9/99)