

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A13030**

1. Entity Name
815 NORTH MAGNOLIA, LTD.

FILED

00 FEB 17 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**815 NORTH MAGNOLIA AVE.
ORLANDO FL 32803**

Mailing Address
**815 NORTH MAGNOLIA AVE.
ORLANDO FL 32803-3810**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number NOT APPLICABLE		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KREUTER, WILLIAM E. 940 HIGHLAND AVENUE ORLANDO FL 32803		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
9. Capital Contributions as Shown on record. \$6,000.00	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 #	SUNSHINE, HERBERT 732 ENSENADA DR. ORLANDO FL	STREET ADDRESS	500003156045--6 -03/03/00--01023--010 ****141.25 ****141.25
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	FRAZIER, WILLIAM E. 1305 BELMONT DR. ORLANDO FL	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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: **WILLIAM E. FRAZIER** **2/7/0** **407 425 3401**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)