

2000 UNIFORM BUSINESS REPORT (UBR)

0012192 A

DOCUMENT # **A14418**

1. Entity Name
PROMISED LAND, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -9 AM 11:24

Principal Place of Business
2752 HANNON HILL WEST
TALLAHASSEE FL 32308

Mailing Address
2752 HANNON HILL WEST
TALLAHASSEE FL 32308-8917



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|----------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-2301976 | | 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 | | | |
| LESTER, JOHN A. 2752 HANNON HILL DR. W. TALLAHASSEE FL 32308 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | City | | | |
| | | | | <div>FL</div> <div>Zip Code</div> | | | |

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. \$1,000.00 | | 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 # | LESTER, JOHN A. 2752 HANNON HILL WEST TALLAHASSEE FL 32308 | STREET ADDRESS | 8000003144998 8 -02/23/00--01090--004 ****141.25 ****141.25 |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
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| NAME | | STREET ADDRESS | |
| STREET ADDRESS | | CITY - ST - ZIP | |
| CITY - ST - ZIP | | STREET ADDRESS | |

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: *John A. Lester* **John A. Lester** **2.4.00** **850.894.2116**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)