

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 25, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # A14972**

1. Entity Name  
 QUAILS BLUFF ASSOCIATES, LTD.

Principal Place of Business %QUAILS BLUFF, INC. 400 E. SOUTH STREET, #500 ORLANDO FL 32801	Mailing Address %QUAILS BLUFF, INC. 400 E. SOUTH STREET, #500 ORLANDO FL 32801
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2. Principal Place of Business %QUAILS BLUFF, INC. Suite, Apt. #, etc. 450 S. ORANGE AVENUE	3. Mailing Address %QUAILS BLUFF, INC. Suite, Apt. #, etc. 450 S. ORANGE AVENUE
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DO NOT WRITE IN THIS SPACE

City & State ORLANDO FL	City & State ORLANDO FL	4. FEI Number <b>59-2306724</b>	Applied For <input type="checkbox"/> Not Applicable
Zip 32801	Country	Zip 32801	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

BOURNE ROBERT A  
 400 EAST SOUTH STREET  
 SUITE 500  
 ORLANDO FL 32801 US

Name  
BOURNE ROBERT A  
 Street Address (P.O. Box Number is Not Acceptable)  
 450 S. ORANGE AVENUE  
 City  
ORLANDO FL Zip Code  
32801

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 \_\_\_\_\_ DATE **02/25/2000**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. 600,000.00	10. Amount of Capital Contributions in FLORIDA to date. 600,000.00	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION.</b>
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**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	QUAILS BLUFF, INC. 400 E. SOUTH ST. STE 500 ORLANDO FL	STREET ADDRESS CITY-ST-ZIP	450 S. ORANGE AVENUE ORLANDO FL 32801
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS 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: ROBERT A. BOURNE, PRESIDENT OF CP

02/25/2000