

# 2000 UNIFORM BUSINESS REPORT (UBR)

0009194 AF

**DOCUMENT # A16299**  
 1. Entity Name  
**SOUTH ATLANTIC VENTURE PARTNERS, LIMITED PARTNER**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 APR 24 AM 3:05

Principal Place of Business  
**614 WEST BAY STREET  
 SUITE 200  
 TAMPA FL 33606-2704**

Mailing Address  
**614 WEST BAY STREET  
 SUITE 200  
 TAMPA FL 33606-2704**



DO NOT WRITE IN THIS SPACE

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

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

City & State  
 Zip Country

4. FEI Number **59-2346658**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BURTON, DONALD W.  
 3603 BAYSHORE BLVD.  
 TAMPA FL 33629-8942**

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. **\$100,000.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>BURTON, DONALD W. 614 WEST BAY ST., #200 TAMPA FL</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>BARBER, SANDRA P. 614 WEST BAY ST., #200 TAMPA FL</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	<b>100003251661--8 -05/15/00--01004--014 ***526.25 ***526.25</b>
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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:** Sandra P. Barber **SANDRA P. BARBER** 4/19/00 813-253-2500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)