

2000 UNIFORM BUSINESS REPORT (UBR)

0003181 J1

DOCUMENT # A19059

1. Entity Name
SPOTO BUILDING, LTD.

FILED

00 APR -6 PM 3: 14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**C/O STORRINGTON CORPORATION
610 W. AZEELE STREET
TAMPA FL 33606-2273**

Mailing Address
**C/O STORRINGTON CORPORATION
610 W. AZEELE STREET
TAMPA FL 33606-2206**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **59-2539768**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**AYE, WALTER E ESQUIRE
WALTER EDWARDS AYE, P.A.
610 W. AZEELE STREET
TAMPA FL 33606-2273**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$65,000.00**

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	H33703 THE STORRINGTON CORP. 610 W. AZEELE TAMPA FL 33606
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	700003197927--4 -04/06/00--01044--001 ****676.25 ****526.25
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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/30/00
Date

Daytime Phone #

CR2003 (9/99)