-2000 UNIFORM BUSINESS REPORT (UBR)

| 11635 NW 1ST AVENUE GAINESVILLE FL 32807 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Country Street Address of Status Desired 6. Name and Address of Current Registered Agent Name CURTIS, GAIL W. 11635 N. W. 1ST AVENUE GAINESVILLE, FL 128007 City City City 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 9. Capital Contributions as Shown on record. A CENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partiners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTINER 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 filled to change a general partner. 12. GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY STREET ADDRESS DOCUMENT / NAME GRAY, STEVEN H. STREET ADDRESS STREET ADD | | SECRETARY OF STATE OIVISION OF CORPORATIONS | 01 | | | A19304 TD. | NT # A | DOCUM 1. Entity Name BENTWOOL | |
|---|---|--|---------------------------|-----------------------------------|-------------------------|--------------------------------------|---------------------------------|-------------------------------------|--|
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Country Country City S. Certificate of Status Desired S. Required 6. Name and Address of Current Registered Agent Name CURTIS, GAIL W. 11635 N. W. 1ST AVENUE GAINESVILLE, FL. FL. 32607 City Signature. Spead or primed name of registered agent and title if applicable. (NOTE: Registered Agent speaker agent and title if applicable. (NOTE: Registered Agent speaker agent, or both, in the State of Florida. SIGNATURE Signature. Spead or primed name of registered agent and title if applicable. (NOTE: Registered Agent spraker registered agent, or both, in the State of Florida. SIGNATURE Signature. Spead or primed name of registered agent and title if applicable. (NOTE: Registered Agent spraker registered agent, or both, in the State of Florida. SIGNATURE Signature. Spead or primed name of registered agent and title if applicable. (NOTE: Registered Agent spraker registered agent, or both, in the State of Florida. SIGNATURE Signature. Spead or primed name of registered agent and title if applicable. (NOTE: Registered Agent spraker registered agent, or both, in the State of Florida. SIGNATURE Signature. Spead or primed name of registered agent and title if applicable. (NOTE: Registered Agent spraker registered agent, or both, in the State of Florida. 11. MAKE CHECK PAYABLE TO DEPT. OF STATI SE REVERSE SIDE FOR FEE INFORMATIO 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 filled to change a general partner. 2. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY STRETADORESS CITY-ST-2P GRAY, STEVEN H. | 00 MAR 27 PM 6:51 | | | 114 | 1635 NW 1ST AVENUE | 11 | 11635 NW 1ST AVENUE | | |
| City & State City & State City & State City & State Country Country Country Country Country Country S. Certificate of Status Desired \$3.75 Additional Fee Required Fee Required 7. Name and Address of New Registered Agent Name CURTIS, GAIL W. 11635 N. W. 1ST AVENUE GAINESVILLE, FL. FL. 32607 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Signature. piped or printed name of registered agent and the flappicable. (NOTE Registered Agent signature required when reinstating) OATE 9. Capital Contributions as Shown on record. 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY STREET ADDRESS CITY-ST-ZP GAINESVILLE FL GRAY, STEVEN H. STREET ADDRESS STREET | | | | × | Mailing Address | 3. 1 | of Business | 2. Principal Place | |
| Zip Country Zip Country 5. Certificate of Status Desired \$\frac{\text{\$\text{\$\color{1}}}}{\text{\$\color{1}}}\$ \$8. 75 Additional Fee Required \$\frac{\color{1}}{\text{\$\color{1}}}\$ \$8. 75 Additional Fee Required \$\frac{\color{1}}{\text{\$\color{1}}}\$ \$8. Name and Address of Current Registered Agent \$\frac{\color{1}}{\text{\$\color{1}}}\$ \$1. Name and Address of New Registered Agent \$\frac{\color{1}}{\text{\$\color{1}}}\$ \$1. Name \$\frac{\color{1}}{\text{\$\color{1}}}\$ \$1. Name and Address of New Registered Agent \$\frac{\color{1}}{\text{\$\color{1}}}\$ \$1. Name \$\frac{\color{1}}{\text{\$\color{1}}}\$ \$1. Name and Address of New Registered Agent \$\frac{\color{1}}{\text{\$\color{1}}}\$ \$1. Name \$\frac{\color{1}}{\text{\$\color{1}}}\$ \$1. Name and Address of New Registered Agent \$\color{1}{\color{1}}\$ \$1. Name and Address of New Registered Agent \$\color{1}{\color{1}}\$ \$1. Name and Address of New Registered Agent \$\color{1}{\color{1}}\$ \$1. Name and Address of New Registered Agent \$\color{1}{\color{1}}\$ \$1. Name and Address of New Registered Agent \$\color{1}{\color{1}}\$ \$1. Name and Address of New Registered Agent \$\color{1}{\color{1}}\$ \$1. Name and Address of New Registered Agent \$\color{1}{\color{1}}\$ \$1. Name and Address of New Registered Agent \$\color{1}{\color{1}}\$ \$1. Name and Address of New Registered Agent \$\color{1}{\color{1}}\$ \$1. Name and Address of New Registered Agent \$\color{1}{\color{1}}\$ \$1. Name and Address of New Registered Agent \$\color{1}{\color{1}}\$ \$1. Name and Address of New Registered Agent \$\color{1}{\color{1}}\$ \$1. Name and Address of New Registered Agent \$\color{1}{\color{1}}\$ \$1. Name and Address of New Registered Agent \$\color{1}{\color{1}}\$ \$1. Name and Address of New Registered Agent \$\color{1}{\color{1}}\$ \$1. Name and Acceptable \$\color{1}{\color{1}}\$ \$1. Name and Acceptable \$\color{1}{\color{1}}\$ \$1. Name and Address of New Registered Agent \$\color{1}{\color{1}}\$ \$1. Name and Acceptable \$\color{1}{\color{1}}\$ \$1. Name and Acceptable \$\color{1}{\color{1}}\$ \$1. Name and Acceptable \$\color{1}{\color{1} | DO NOT WRITE IN THIS SPACE | | | | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CURTIS, GAIL W. 11635 N. W. 1ST AVENUE GAINESVILLE, FL. FL 32607 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 Signature, byte of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Capital Contributions as \$0.00 10. Amount of Capital Contributions in FLORIDA to date. 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT/ NAME ANDREWS, RICHARD 11635 NW 1ST AVENUE GITY-ST-ZP GRAY, STEVEN H. STREET ADDRESS CITY-ST-ZP GRAY, STEVEN H. | 4. FEI Number 59-2548006 Applied For Not Applicable | | | City & State | | | City & State | | |
| CURTIS, GAIL W. 11635 N. W. 1ST AVENUE GAINESVILLE, FL. FL 32607 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 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. 10. Amount of Capital Contributions in FLORIDA to date. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT/ NAME ANDREWS, RICHARD 11635 NW 1ST AVENUE GAINESVILLE FL COUMENT/ GAINESVILLE FL COUMENT/ NAME GRAY, STEVEN H. STREET ADDRESS ST | | Fee Required | | Country | | | | | |
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| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when refinitions) Agental Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE | | □ | - | City | | | FL. FL 32607 | GAINESVILLE | |
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| 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / NAME ANDREWS, RICHARD STREET ADDRESS 11635 NW 1ST AVENUE GAINESVILLE FL CITY-ST-ZIP GRAY, STEVEN H. STREET ADDRESS 110 110 110 110 110 110 110 110 110 1 | <u> </u> | TIVE WITH THIS OFFICE. | GISTERED AND ACTIVE | ITITY MUST BE REC | IS A BUSINESS ENTI | AL PARTNER THAT | A GENERAL P | as Shown on I | |
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| NAME GRAY, STEVEN H. 1000204951- | | | | | | | 35 NW 1ST AVENU | NAME AI STREET ADDRESS 1 | |
| | 1 | | 100 | STREET ADDRESS | | | | NAME G | |
| STREET ADDRESS 11635 NW 1ST AVENUE -04/11/0001147008 CITY-ST-ZIP GAINESVILLE FL -04/11/0001147008 | 0 | -04/11/000114/008 ****150.00_****150.00 | | CITY-ST-ZIP | | VENUE | | | |
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| CITY-ST-ZIP GAINESVILLE FL DOCUMENT # STREET ADDRESS STREET ADDRESS | | | h | _ | | | NESVILLE FL | | |
| NAME CURTIS, JOHN M. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | | | - Y | | | | 35 NW 1ST AVENU | STREET ADDRESS 1 | |
| DOCUMENT / NAME BUTLER, GWENDA SUE STREET ADDRESS 11635 NW 1ST AVENUE | · · · · · · · · · · · · · · · · · · · | 27/W | 3/2 | STREET ADDRESS | | | | NAME B | |
| CITY-ST-ZIP GAINESVILLE FL | | 11,4- | | CITY-ST-ZIP | | TENTE | | CITY-ST-ZIP G | |
| DOCUMENT # STREET ADDRESS NAME STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP CITY-ST-ZIP 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. | | | | | | | | NAME | |

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JOHN M. CURTIS

03-09-00

352-332-0838

General Partner Date