## 2000 UNIFORM BUSINESS REPORT (UBR) A19874 **DOCUMENT #** 12 Entity Name FILED JETPORT INDUSTRIAL PARK OF ORLANDO, LIMITED 00 JAN 31 PM 1:15 Mailing Address Principal Place of Business SECRETARY OF STATE TALLAHASSEB (U.SRV) 3 P.O. BOX 231 CITRUS CENTER ORLANDO FL 32802-0231 255 ORANGE AVE. SUITE 1000 ORLANDO FL 32802 2.CloGeorge\_T Eidson, Jr. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2520479 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EDISON, GEORGE T. JR. ox Number is Not Acceptable) France Avenue, Scute 1000 2414 EAST CEMTRAL BLVD. ORLANDO FL 32803 City 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. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$7,001,872,29 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. 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 filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # STREET ADDRESS EIDSON, GEORGE T., JR. NAME 2414 E. CENTRAL BLVD. STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP DOCUMENT# STREET ADDRESS BISHOP, WILLIAM D., SR. NAME **8 FAIROAKS LANE** 700003121627--1 STREET ADDRESS CITY - ST - 7IP <u>-02/02/00--01106</u>--016 MAITLAND FL CITY-ST-ZIF \*\*\*\*526.25 \*\*\*\*526.25 DOCUMENT# STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CUTY - ST - ZIE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST-709 CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CTY - ST - 71P CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: SIGNATURE AND TY