## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

% H.J. UNDERILL III  490 N. HARBOR CITY BLVD.  MELBOURNE FL 32935-6866  MELBOURNE FL 32935-6858  SECRETARY  TATLEAHASSE	PH 4: 20 OF STATE E, FLORIDA
Principal Place of Business  Mailing Address  H.J. UNDERILL III  490 N. HARBOR CITY BLVD.  MELBOURNE FL 32935-6866  MELBOURNE FL 32935-6858  Suite, Apt. #, etc.  City & State  City & State  DO MAY - 4  SECRETARY  TALLAHASSE  MELBOURNE FL 32935-6858  DO NOT WRITE IN THIS STATE  TO SUITE, Apt. #, etc.  City & State  City & State  Country  Country  Country	PM 4: 20  OF STATE E, FLORIDA  SPACE
# H.J. UNDERILL III #90 N. HARBOR CITY BLVD. #ELBOURNE FL 32935-6866 #ELBOURNE FL 32935-6858  Suite, Apt. #, etc.  City & State  City & State  Country  Coun	OF STATE E, FLORIDA
# H.J. UNDERILL III #90 N. HARBOR CITY BLVD. #ELBOURNE FL 32935-6866 #ELBOURNE FL 32935-6858  Suite, Apt. #, etc.  City & State  City & State  Country  Coun	OF STATE E, FLORIDA
2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Country  Country  Country	SPACE
Suite, Apt. #, etc.  City & State  City & State  Country  Country  Country  Country	
City & State City & State 4. FEI Number 59-2558305	
Zin Country Zin Country	Applied For
Zip Country Zip Country 5. Certificate of Status Desired	Not Applicable
	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered	<u> </u>
; Name	
UNDERILL, H. J. III  490 N. HARBOR CITY BLVD.  Street Address (P.O. Box Number is Not Acceptable)	
MELBOURNE FL 32935	
City	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)  DATE	<u> </u>
9. Capital Contributions \$244.330.00 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE	
as Shown on record. In FLOHIDA to date. SEE REVERSE SIDE FO  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 par	rtner.
DOCUMENT 4	ICI
NAME UNDERILL, H.J., III	
STREET ADDRESS CITY-ST-ZIP 2015 N HWY A1A INDIALANTIC FL CITY-ST-ZIP 201003290	15889 11040007
DOCUMENT# NAME  GRADY, THOMAS R.  *****526.25	****526.25
STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-ZIP CITY-ST-ZIP	
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NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
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NAME  STREET ADDRESS  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 certified the control of the exemption stated in Section 119.07(3)(i), Florida Statutes.	rtify that the information