2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A20683 1. Entity Name					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS		
CARTER WILCOX PROPERTIES, LTD.							
Principal Place of Business Mailing Address					00 JUL 19 PM 1: 25	n	
515 JOHN KNOX ROAD TALLAHASSEE FL 32303		515 JOHN KNOX ROAD TALLAHASSEE FL 32303				nf	
Principal Place of Business 3. Mailing Address							
2. Thropartiase of Susmess		J. Maining (across					
Suite, Apt.	Suite, Apt. #, etc.	, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & Stat	e	City & State			4. FEI Number 59-2651871	Applied For Not Applicable	
Zip Country		Zip .	Zip . Country		5. Certificate of Status Desired Service Servi		
	6. Name and Address of Current	Registered Agent		Name	7. Name and Address of New Registered Ag	ent	
WILCOX, W. EUGENE							
515 JOHN KNOX RD.				Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32303							
				City FL Zip Code			
8. The above	named entity submits this statement fo	r the purpose of changing its r	registere	d office or register	ed agent, or both, in the State of Florida.		
SIGNATURE . 9. Capital Co		and title if applicable. (NOTE: 10. Amount of Capital in FLORiDA to da	l Contrib	Agent signature required utions	when reinstating) DATE 11. MAKE CHECK PAYABLE T SEE REVERSE SIDE FOR		
	A GENERAL PARTNER T NOTE: General Partners MA	'HAT IS A BUSINESS ENT	ITY ML	JST BE REGIST an amendmen	TERED AND ACTIVE WITH THIS OFFICE. t must be filed to change a general partn		
12.	GENERAL PARTNER	•	13.	·	ADDRESS CHANGES ONLY		
DOCUMENT # NAME	WILCOX, W. EUGENE		STREE	T ADDRESS			
STREET ADDRESS CITY-ST-ZIP	515 JOHN KNOX RD TALLAHASSEE FL	CIT		ST-ZIP			
DOCUMENT # NAME			STREE	T ADDRESS			
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DOCUMENT / NAME :	-		STREE	T ADDRESS .			
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP			
indicated	certify that the information supplied with on this report is true and accurate and rer or trustee empowered to execute this	that my signature shall have th	ne same	legal effect as if m	ction 119.07(3)(i), Florida Statutes. I further certify ade under oath; that I am a General Partner of the	that the information e limited partnership or	