

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A22036**

1. Entity Name  
**PARRISH MPO, LTD.**

FILED

00 JUN -6 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1343 MAIN STREET  
SUITE 500  
SARASOTA FL 34236

Mailing Address  
1343 MAIN STREET  
SUITE 500  
SARASOTA FL 34236-5630



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number	59-2625123	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>MANNAUSA, THOMAS J</b> 1343 MAIN STREET 5TH FLOOR SARASOTA FL 34236				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  N/A DATE 2/3/00

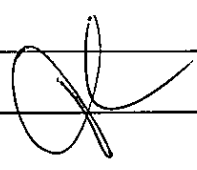
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$52,202.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>G66500</b> <b>MANASOTA DEVELOPMENT INC</b> <b>1343 MAIN STREET</b> <b>SARASOTA FL</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	<b>300003284463-8</b> <b>-06/12/00--01027--029</b> <b>****462.91 ****31076</b> <b>462.91</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	

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** DATE 2/3/00 DAYTIME PHONE # 941 365 1511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CRZENC (1/00)