

2002 UNIFORM BUSINESS REPORT (UBR)

0016511 AT

DOCUMENT # **A23833**

1. Entity Name

AMERICAN PARKS, A CALIFORNIA LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 18 PM 2:05



Principal Place of Business 2440 S.E. FEDERAL HWY., STE. 600 STUART FL 34994	Mailing Address P.O. BOX 359 STUART FL 34995
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002	
4. FEI Number 95-3433132	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SHARFF, BURTON G
2315 S. CONGRESS AVE.
W. PALM BEACH FL 33406**

7. Name and Address of New Registered Agent

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 *[Signature]* DATE **6/30/02**

9. Capital Contributions as Shown on record. \$1,951,280.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	CRANDALL, ROBERT C	2440 S.E. FEDERAL HWY., STE. 600	STUART FL 34994
	DECEASED		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	GARRIS, STANLEY R	2440 S.E. FEDERAL HWY., STE. 600	STUART FL 34994
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS	3000009713713
CITY-ST-ZIP	12/27/02--01034--006 **926.25
STREET ADDRESS	
CITY-ST-ZIP	FF \$926.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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 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: Stanley R. Garriss]* **REQUIRED** DATE: **6/12/02** DAYTIME PHONE #: **(561) 287-1844**

CR2ED03 (9/01)