

2000 UNIFORM BUSINESS REPORT (UBR) PROVED AND FILED

DOCUMENT # **A27086**

1. Entity Name
HOPEWELL LAND PARTNERS, LTD.

00 APR -3 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

my 4/13

Principal Place of Business
**250 SECOND STREET SOUTHWEST
WINTER HAVEN FL 33880**

Mailing Address
**POST OFFICE BOX 112
WINTER HAVEN FL 33882-0112
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2946337		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input 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					
BARTOW MINING, INC. 305 SECURITY WINTER HAVEN FL 33880				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 _____ DATE _____
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. \$10.00	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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	M99568 BARTOW MINING, INC. 250 SECOND STREET, SOUTHWEST WINTER HAVEN FL 33882	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	V01347 ASF ACQUISITION, INC. 250 SECOND STREET, SOUTHWEST WINTER HAVEN FL 33882	CITY - ST - ZIP	400003214614--0 -04/19/00--01064--001 ****141.25 ****141.25
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DOCUMENT # 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 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: *James Gary May* **SIGNATURE REQUIRED** **James Gary May** **3-30-00** **863-294-0993**
Signature and typed or printed name of signing general partner Date Daytime Phone #

1000000

CR2E003 (9/99)