

**2000 UNIFORM BUSINESS REPORT (UBR) APPROVED 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 <b>59-2946337</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>BARTOW MINING, INC. 305 SECURITY WINTER HAVEN FL 33880</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$10.00</b>	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 # <b>M99568</b>	NAME <b>BARTOW MINING, INC.</b>	STREET ADDRESS	
STREET ADDRESS <b>250 SECOND STREET, SOUTHWEST</b>	CITY - ST - ZIP <b>WINTER HAVEN FL 33882</b>	CITY - ST - ZIP	<b>400003214614--0</b>
DOCUMENT # <b>V01347</b>	NAME <b>ASF ACQUISITION, INC.</b>	STREET ADDRESS	<b>-04/19/00--01064--001</b>
STREET ADDRESS <b>250 SECOND STREET, SOUTHWEST</b>	CITY - ST - ZIP <b>WINTER HAVEN FL 33882</b>	CITY - ST - ZIP	<b>****141.25 ****141.25</b>
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	
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DOCUMENT #	NAME	STREET ADDRESS	
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)