

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A31168**

1. Entity Name

**DEERFIELD MILITARY TRAIL, LTD.**

**FILED**

**00 JAN 24 PM 1:03**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 12000 BISCAYNE BLVD. SUITE 810 MIAMI FL 33181  
Mailing Address: 12000 BISCAYNE BLVD. SUITE 810 MIAMI FL 33181-2727

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number **65-0255024** Applied For Not Applicable

Zip Country | Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**IRELAND, R. SCOTT  
12000 BISCAYNE BLVD.  
SUITE 810  
MIAMI FL 33181**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$300,000.00**

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 #	Z00350
NAME	D/I CO'S - DEERFIELD LC
STREET ADDRESS	12000 BISCAYNE BLVD.
CITY - ST - ZIP	MIAMI FL 33181
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
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CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

STREET ADDRESS	
CITY - ST - ZIP	<b>800003113788--0</b>
STREET ADDRESS	<b>-01/27/00--01119--010</b>
CITY - ST - ZIP	<b>***526.25 ***526.25</b>
STREET ADDRESS	
CITY - ST - ZIP	
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 REQUIRED **SCOTT IRELAND** **1-13-00** **305-891-6806**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #