


2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A32933			
1. Entity Name THE COVERED DISH, LTD.			
Principal Place of Business 210 SW 2ND AVENUE GAINESVILLE FL 32601		Mailing Address 210 SW 2ND AVENUE GAINESVILLE FL 32601	
2. Principal Place of Business 322 B NE 11th St Suite, Apt. #, etc. GAINESVILLE, FL City & State Zip 32601 Country USA		3. Mailing Address PO Box 2944 Suite, Apt. #, etc. City & State GAINESVILLE, FL Zip 32602 Country USA	
6. Name and Address of Current Registered Agent BRYSON, WILLIAM DOUGLA 210 SW 2ND AVENUE GAINESVILLE FL 32601		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 322 B NE 11th St City GAINESVILLE FL Zip Code 32601	
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE 3/12/00			
9. Capital Contributions as Shown on record. \$10,000.00		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 # NAME STREET ADDRESS CITY - ST - ZIP	V31412 BRYSON ENTERPRISES, INC. 211 NE 1ST STREET GAINESVILLE FL	STREET ADDRESS CITY - ST - ZIP	322 B NE 11th St. GAINESVILLE, FL 32601
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	300003199003--6 -04707700--01002--008 ****158.75 ****158.75
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date 3/12/00 Daytime Phone #	

FILED
00 MAR 14 AM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)