

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A92000000083**

1. Entity Name

SOUTHERN CONNECTOR, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05

Principal Place of Business

315 EAST ROBINSON STREET, SUITE 600
ORLANDO FL 32801

Mailing Address

P.O. BOX 3000
ORLANDO FL 32802-3000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3159478

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SHUFFIELD, W C
315 EAST ROBINSON STREET, SUITE 600
ORLANDO FL 32801

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$495,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$495,000.00

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 # **P92000006425**
NAME **SR-15, INC.**
STREET ADDRESS **315 E. ROBINSON STREET, SUITE 600**
CITY-ST-ZIP **ORLANDO FL 32801**

STREET ADDRESS
CITY-ST-ZIP

700003268597--9
-05/26/00--01078--016
*****526.25 ***526.25**

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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

(407) 425-7010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

W. Charles Shuffield, Jr., Vice President of **SR-15, Inc.**, corporate general partner

CR2-F03 (9/99)