

2000 UNIFORM BUSINESS REPORT (UBR)

3013947 J

DOCUMENT # A92000000195

1. Entity Name

STRIPER PARTNERS IV, LTD.

FILED

00 APR -6 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 9260 BAY PLAZA BOULEVARD SUITE 501 TAMPA FL 33619	Mailing Address 9260 BAY PLAZA BOULEVARD SUITE 501 TAMPA FL 33619-4458
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-3155583	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LESTER, EDGEL C JR.
C/O CARLTON, FIELDS, ET AL
777 S. HARBOUR ISLAND BLVD., ONE HBR PLACE
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name James W. Lewis JR
Street Address (P.O. Box Number is Not Acceptable) 4601 Clarksdale Lane
City BRANDON FL Zip Code 33511

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 James W. Lewis JR 3/6/00
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. \$544,500.00	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	P92000011884 RAGLAND-WHITTIER CORPORATION 9260 BAY PLAZA BOULEVARD TAMPA FL 33619	STREET ADDRESS	2000003217722--0 -04/20/00--01113--014 ****526.25 ****526.25
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	

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 3/24/00 813-621-8199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #