

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000059**
 Entity Name
FLORIDA CONVENIENCE PARTNERS, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 MAR 13 AM 10:04

Principal Place of Business
**836 WOODWARD ST.
 ORLANDO FL 32803**

Mailing Address
**1836 WOODWARD ST.
 ORLANDO FL 32803-4256**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

4. FEI Number **59-2946820**
 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
**DETWEILER, MARLIN
 1836 WOODWARD ST.
 ORLANDO FL 32803**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Capital Contributions as Shown on record. **\$440,000.00**

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.**

GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	H38554 THE DETWEILER COMPANY 1500 LEE ROAD, STE. 109 ORLANDO FL 32810
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	David Duke DAVID DUK, RICHARD 400 WILD OAK CIRCLE LONGWOOD FL 32779
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	K24724 STRANG BACHMAN AND COMPANY 200 AVE. B, N.W. WINTER HAVEN FL 33881
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	100003178671--7 -03/21/00--01113--004
CITY - ST - ZIP	***526.25 ***526.25
STREET ADDRESS	<i>rf 3/21/00</i>
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

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** *[Signature]* Date **1/19/00** Daytime Phone # **407 8699123**

CR2E003 (9/99)