

# 2001 UNIFORM BUSINESS REPORT (UBR)

0002287 AF

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

**FILED**  
 01 APR -6 PM 1:59  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**1836 WOODWARD ST.**      **1836 WOODWARD ST.**  
**ORLANDO FL 32803**      **ORLANDO FL 32803**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

4. FEI Number      Applied For  
**59-2946820**      Not Applicable  
 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

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.      **\$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.**

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

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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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      3/27/01      717-371-6952  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (11/00)