

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A9300000095**
 1. Entity Name
HICKS INVESTMENTS, LTD.

FILED LR 2/10
 00 FEB -2 AM 10:17
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address **AS 19006**
8623 1000 PINES CIRCLE
WEST PALM BEACH, FLA 33411

2. Principal Place of Business **W.P.B.** 3. Mailing Address **AS 19006**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **H. S. HICKS 8623 Thousand Pines Circle West Palm Beach, FL 33411-1905** City & State
 Zip Country Zip Country

4. FEI Number **65-0395746** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
H. S. HICKS
8623 Thousand Pines Circle
West Palm Beach, FL 33411-1905

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 Contribution as Shown on record: **471,000** 10. Amount of Capital Contributions in FLORIDA to date: **471,000** 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 #	H. S. HICKS 8623 Thousand Pines Circle West Palm Beach, FL 33411-1905	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	0000003115770--4
DOCUMENT #		CITY-ST-ZIP	-01/31/00--01073--003
NAME		STREET ADDRESS	****526.25 ****125.00
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
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DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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: **H.S. Hicks** **H.S. Hicks** **1/4/00** **561-793-0778**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)