

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000767**

1. Entity Name
OVERSEAS PARTNERSHIP MAWI, LTD.

FILED

00 FEB -4 PM 2: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 786 SOUTH ORANGE AVENUE SARASOTA FL 34236	Mailing Address 786 SOUTH ORANGE AVENUE SARASOTA FL 34236-7718
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0424677	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		7. Name and Address of New Registered Agent	
ANDERSON, KENT J 8075 SOUTH BENEVA ROAD, SUITE 6 SARASOTA FL 34238		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. \$95,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # J41038	NAME OVERSEAS DEVELOPMENT CORP. OF SARASOTA, INC	STREET ADDRESS	200003130232-4 -02/10/00--01002--011 ****526.25 ****526.25
STREET ADDRESS 786 SOUTH ORANGE AVENUE	CITY-ST-ZIP SARASOTA FL 34236	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
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DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	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: *[Handwritten Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date: **1-21-00** Daytime Phone #: **941-351-6222**

CR2E003 (9/99)