CR2E003 (11/00)

2001 UNIF	ORM BUSI	NESS REPO	RT (	UBR)				
DOCUMENT # A9400000553								
IVEY GROVES, LTD.	•/- •				F	FILED	7	Y
Principal Place of Business Mailing Address					01 MA	R 21 PM 12: 5	8	U
2220 BOGGY CREEK BOAD 2220 BOGGY CREEK BOAD			D		orone:	TADV OF CTATE		
KISSHMIBE FL 34744 KISSHMIBE FL 34744						TARY OF STATE IASSEE. FLORIDA		
								ÅR ÅRIÐI ÐIÐAÐ HIJI HÖÐI
2. Principal Place of Business 1936 LEE ROAD  3. Mailing Address PO BOX 2310			<u></u>					
Suite, Apt. #, etc. SUITE 101				DO NOT WRITE IN THIS SPACE			E	
City & State	1 7 -				4. FEI Number	59-3238964		Applied For
WINTER PARK,	FL Country	WINTER PARK,	FL Country		<del></del>	33 0200304		Not Applicable
_,	ISA	32790-2310	USA		5. Certificate of	f Status Desired		75 Additional Required
6. Name a	nd Address of Current R				7. Name and A	ddress of New Registe	red Agent	
THE CATEGORIA POLICY				Name W & P SERVICES, INC.				
UWSA SERVICES, INC. 701 PEACHTREE ROAD				Street Address (P.O. Box Number is Not Acceptable)				
OBLANDO FL 32804				1936 LEE RD SUITE 101				
ODERBUO FL 32004			.	City	101		<b>=</b> 1 7	ip Code
				•	TTER PARK			2789
8. The above named entity s SIGNATURE Signature posed or	submits this statement for the printed name of registered agent and			-	ered agent, or both,		<u>401</u>	
9. Capital Contributions as Shown on record. \$300,000.00 In FLORIDA to date			al Contributi		SS WIND TEMPORAL MAY	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
		AT IS A BUSINESS ENT NOT be changed on th						
12. GENERAL PARTNER INFORMATION				T dillollalle	ADDRESS CHANGES ONLY			
DOCUMENT / P94000020397  NAME IVEY FAMILY HOLDINGS, INC.  STREET ADDRESS  2220 BOGGY CREEK ROAD			STREET A	DDRESS				
STREET ADDRESS 2220 BOGGY KISSIMMEE I			CITY-ST-	ZIP		<u></u>		
DOCUMENT # NAME			STREET A	DORESS				
STREET ADDRESS				710			·	

12. DOC NAMI STRE CITY DOC NAM STREE CITY-ST-ZIP DOCUMENT # STREET ADDRESS 000003893230---U3/22/U1--U1U91--UU2 \*\*\*\*526.25 \*\*\*\*\$26.6 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \*\*\*\*526.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST# ZIP DOCUMENT # STREET ADDRESS NAMÉ 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:

SICINALI UNIC ALEGURA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CLARENCE L. IVEY

407-691-0500

Date

3/16/01

Daytime Phone #