

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A94000001203**  
 1. Entity Name  
**DAIRY PLAZA ASSOCIATES, LTD.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

APR 28 PM 12:06

Principal Place of Business: 101 SEABREEZE BOULEVARD, SUITE 105, DAYTONA BEACH FL 32118  
 Mailing Address: P.O. BOX 4235, ORMOND BEACH FL 32175-4235

*mk*

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

DO NOT WRITE IN THIS SPACE

City & State  
 Zip Country

4. FEI Number: 59-3264140  
 5. Certificate of Status Desired  \$8.75 Fee Required

6. Name and Address of Current Registered Agent  
**HOOD, CHARLES D JR.**  
**444 SEABREEZE BOULEVARD, SUITE 900**  
**DAYTONA BEACH FL 32118**

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

9. Capital Contributions as Shown on record: **\$510,000.00**  
 10. Amount of Capital Contributions in FLORIDA to date.  
 11. MAKE CHECK PAYABLE TO DEPT. OF SEE REVERSE SIDE FOR FEE

**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 #	P94000064407	STREET ADDRESS	
NAME	DAIRY PLAZA, INC.	CITY - ST - ZIP	
STREET ADDRESS	101 SEABREEZE BOULEVARD, SUITE 105		
CITY - ST - ZIP	DAYTONA BEACH FL 32118		
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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 business and the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *SARAH DAVIS BRIDGES* 4/25/00 61041672  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #