

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

mk

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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

DO NOT WRITE IN THIS SPACE

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	
DOCUMENT #	P94000064407
NAME	DAIRY PLAZA, INC.
STREET ADDRESS	101 SEABREEZE BOULEVARD, SUITE 105
CITY - ST - ZIP	DAYTONA BEACH FL 32118
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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13. ADDRESS CHANGES ONLY	
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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: *SIGNATURE* **4/25/00** **91041672**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #