

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001461**

1. Entity Name

PEMBROOK ASSOCIATES, LTD

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
APR 26 AM 3:05

Principal Place of Business 1101 N. LAKE DESTINY DRIVE, SUITE 400 MAITLAND FL 32751	Mailing Address 1101 N. LAKE DESTINY DRIVE, SUITE 400 MAITLAND FL 32751-7119
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 474 S. North Lake Blvd Suite, Apt. #, etc. Suite 1020 City & State Altamonte Springs, FL Zip 32701 Country US	3. Mailing Address 2221 Lee Road Suite, Apt. #, etc. Suite 28 City & State Winter Park, FL Zip 32789 Country US
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4. FEI Number 59-3283652	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DELGUIDICE, CHRISTOPHER
1101 NORTH LAKE DESTINY DRIVE, SUITE 400
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
474 S. North Lake Blvd
Suite 1020
City
Altamonte Springs **FL** Zip Code
32701

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. \$998,400.00	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

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P94000077826 MAITLAND CLUB, INC. 1101 NORTH LAKE DESTINY DRIVE, SUITE 400 MAITLAND FL 32751
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13. ADDRESS CHANGES ONLY

STREET ADDRESS CITY - ST - ZIP	474 S. North Lake Blvd, Suite 1020 Altamonte Springs, FL 32701
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	600003261186--9 -05/22/00--01026--028 *****535.00 *****535.00
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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 limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: CHRISTOPHER DELGUIDICE Date: 1/09/00 Daytime Phone #: 321-207-7000
409-660-8666

CR2E003 (9/99)