

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # A95000000553**

1. Entity Name  
**P.R. & ASSOCIATES, LTD.**

FILED

00 FEB 16 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1096 ERROL PARKWAY  
APOPKA FL 32712

Mailing Address  
1096 ERROL PARKWAY  
APOPKA FL 32712-2630



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3318462</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MOUNTCASTLE, RONALD L</b> 1096 ERROL PARKWAY APOPKA FL 32712			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	<b>FL</b>	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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: <b>\$1,000,000,000.00</b>	10. Amount of Capital Contribution <sup>1</sup> in FLORIDA to date: <b>1,050,000</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
--	--	--

**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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>P94000068018 P.R. ASSOCIATES, INC. 1096 ERROL PWK. APOPKA FL 32712</b>	STREET ADDRESS	
		CITY - ST - ZIP	
		STREET ADDRESS	<b>500003158575--0</b>
		CITY - ST - ZIP	<b>-03/06/00--01110--013 ***526.25 ***526.25</b>
		STREET ADDRESS	
		CITY - ST - ZIP	
		STREET ADDRESS	
		CITY - ST - ZIP	
		STREET ADDRESS	
		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: *Ronald L. Mountcastle* Pres. + GP **2/10/00** 407-886-0272  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

*R.L. Mountcastle GP + Pres.*

CR2E003 (9/99)