

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001849**

1. Entity Name

ARBUTINE ASSOCIATES LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR - 1 PM 12: 29

Principal Place of Business

730 NORTH INDIAN ROCKS RD.
BELLEAIR BLUFFS FL 33770

Mailing Address

730 NORTH INDIAN ROCKS RD.
BELLEAIR BLUFFS FL 33770-2020

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3351118

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARBUTINE, PATRICIA L
730 NORTH INDIAN ROCKS RD.
BELLEAIR BLUFFS FL 34640

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33770

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

Patricia L. Arbutine

2/28/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$99.00

10. Amount of Capital Contributions in FLORIDA to date.

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

ARBUTINE, MILLER B TRUSTEE
730 NORTH INDIAN ROCKS RD.
BELLEAIR BLUFFS FL 33770

STREET ADDRESS
CITY - ST - ZIP

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-03/17/00--01012--016
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DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

ARBUTINE, PATRICIA L TRUSTEE
730 NORTH INDIAN ROCKS RD.
BELLEAIR BLUFFS FL 33770

STREET ADDRESS
CITY - ST - ZIP

mf 3/14/00

DOCUMENT #
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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:

Patricia L. Arbutine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/28/2000 *727-581-6827*
ext 40008

DATE

Daytime Phone #

Patricia L. Arbutine

CR2E003 (9/99)