

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # **A96000000274**

1. Entity Name
SFS PROVISION FUND, LTD.

00 APR -4 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 4/19

Principal Place of Business
**ERINMARK, INC., C/O SEMBLER INVESTMENTS
11300 - 4TH STREET NORTH, STE. 200
ST. PETERSBURG FL 33716**

Mailing Address
**ERINMARK, INC., C/O SEMBLER INVESTMENTS
11300 - 4TH STREET NORTH, STE. 200
ST. PETERSBURG FL 33716-2940**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3360922		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
MASTER CONTROL, INC. 11300 4TH STREET NORTH SUITE 200 ST. PETERSBURG FL 33716				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$990.00	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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P97000017669 MASTER CONTROL, INC. 11300 FOURTH STREET NORTH, SUITE 200 ST. PETERSBURG FL 33716-2940	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	600003219296--9 -04/24/00--01007--018 ****150.00 ****150.00
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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: *M. Steven Sembler* **REQUIRED** *3/14/00* (727) 577-5522
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER M. Steven Sembler, President Date Daytime Phone #

Master Control, Inc. Gen. Partner

CR2E003 (9/99)