

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A 96000001240

1. Entity Name

APALACHEE ENTERPRISES, LTD.

Principal Place of Business

Mailing Address

215 So. Monroe St.
Suite 320
Tallahassee, FL 32301

215 So. Monroe St.
Suite 320
Tallahassee, FL 32301

2. Principal Place of Business

3. Mailing Address

212 Hoffman Dr.
Suite, Apt. #, etc.
Tallahassee, FL

212 Hoffman Dr.
Suite, Apt. #, etc.
Tallahassee, FL

City & State

City & State

Zip
32312

Country
Leon

Zip
32312

Country
Leon

6. Name and Address of Current Registered Agent

OWEN, WILLIAM C.
1402 North Randolph
Tallahassee, FL 32312

7. Name and Address of New Registered Agent

Name JUDITH OWEN WILDE
Street Address (P.O. Box Number is Not Acceptable)
212 HOFFMAN DR.
TALLAHASSEE
City FL Zip Code 32312

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

Judith O. Wilde

JUDITH O. WILDE

3/14/00

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.

24,000

10. Amount of Capital Contributions
in FLORIDA to date.

24,000

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 # A 96000001240
NAME WILLIAM C. OWEN
STREET ADDRESS 1402 N. Randolph CIRC
CITY-ST-ZIP TALLAHASSEE, FL

STREET ADDRESS 2803 Rabbit Hill Road
CITY-ST-ZIP Tallahassee, FL 32312

DOCUMENT # A 96000001240
NAME JUDITH O. WILDE
STREET ADDRESS 212 HOFFMAN DR.
CITY-ST-ZIP TALLAHASSEE, FL 32312

STREET ADDRESS 8000003207128-6
CITY-ST-ZIP -04/13/00--01048--009
****256.75 ****256.75

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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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:

Judith O. Wilde
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/14/00
Date

487-4733
Daytime Phone #

FILED

00 APR -6 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)