

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001290

1. Entity Name  
**TAB PARTNERS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY - 1 PM 1:33

Principal Place of Business  
**2223 Astor Street, TR 7  
Orange Park, FL 32073**

Mailing Address  
**2223 Astor Street, TR 7  
Orange Park, FL 32073**

2. Principal Place of Business  
**2223 Astor Street, TR 7**  
Suite, Apt. #, etc.

3. Mailing Address  
**2223 Astor Street, TR 7**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Orange Park, FL**

City & State  
**Orange Park, FL**

4. FEI Number  
**59-3393448**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Zip  
**32073**

Country  
**USA**

Zip  
**32073**

Country  
**USA**

6. Name and Address of Current Registered Agent  
**Benefield, Terry A.  
2223 Astor Street, TR 7  
Orange Park, FL 32073**

7. Name and Address of New Registered Agent  
Name **Terry A. Benefield**  
Street Address (P.O. Box Number is Not Acceptable)  
**2223 Astor Street, TR 7**  
City **Orange Park** FL Zip Code **32073**

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. **175,000**

10. Amount of Capital Contributions in FLORIDA to date. **175,000**

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 #	<b>Benefield, Terry A. 2223 Astor Street, TR 7 Orange Park, FL 32073</b>	STREET ADDRESS	<b>200003286402--5 -06/13/00--01024--010 ***526.25 ***526.25</b>
NAME		CITY-ST-ZIP	
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STREET ADDRESS			

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: x  **4/28/00** Date **904-278-5240** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)