## 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A9700000388					FILED		
M&D DOUGLAS INTERNATIONAL PARTNERSHIP, LTD.					00 FEB -3 PM 2: 27		
District District Control of the Con				1			
Principal Place of Business  86 NORTH 5TH STREET. SUITE 2  LAKE CITY FL 32055  LAKE CITY FL 32055-3685				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
LAKE GIT FL	1 32055	LAKE CITI FE 32033-3005	,			16 NOTE (618) (40) 1885	
Principal Place of Business     3. Mailing Address							
					DO NOT WRITE IN THIS SPACE		
Suite, Apt. #, etc. Suite, Apt. #, etc.							
City & State	City & State	e		4. FEI Number 59-34 180 19	Applied For Not Applicable		
Zip	Country	Zip	Country			5 Additional equired	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent		
				Name			
COLEMAN, C. RANDOLPH 9250 BAYMEADOWS ROAD, SUITE 230				Street Address (P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32216							
				City FL Zip Code			
8. The above	named entity submits this statement fo	r the purpose of changing its	registere	ed office or registe	ered agent, or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E. Registered	d Agent signature require	d when reinstating) DATE		
9. Capital Cor as Shown o		10. Amount of Capite	outions 2, 0 vo	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
	A GENERAL PARTNER T	HAT IS A BUSINESS EN	TITY M	UST BE REGIS	TERED AND ACTIVE WITH THIS OFFICE.  nt must be filed to change a general partner.		
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT #	1.0700000178			ET ADDRESS			
NAME Street address	DOUGLAS ENTERPRISES INTERNATIONAL, L.L.C. 1257 EAST BAYA AVENUE			- ST- ZIP			
DOCUMENT#	LAKE CITY FL 32055						
NAME Street address			SIRE	ET ADDRESS			
CITY-ST-ZIP			CITY	-ST-ZIP	·		
Document# Name			STRE	ET ADDRESS	00000312490 +02/04/00-0110 ****\$26,25 **	)D6	
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14. I hereby of indicated the receiv	on this report is true and accurate and ver or trustee empowered to execute thi	that my signature shall have s report as required by Chab	the exer the same ter 620	mption stated in S legal effect as if lorida Statutes	ection 119.07(3)(i), Florida Statutes. I further certify tha made under oath; that I am a General Partner of the lim	t the information lited partnership or	
	21-000		//		1 '		