

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000895**

1. Entity Name

COOPER, BARNETTE & PAGE OF FL, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 10 PM 1:00



DO NOT WRITE IN THIS SPACE

MJH

Principal Place of Business

**4093 INDIAN TRAIL
DESTIN FL 32541**

Mailing Address

**P.O. BOX 1540
WINDER GA 30680-6540**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3441992

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COOPER, RONALD G
4093 INDIAN TRAIL
DESTIN FL 32541**

7. Name and Address of New Registered Agent

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

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

Agent
(NOTE: Registered Agent signature required when reinstating)

DATE

3.23.00

9. Capital Contributions
as Shown on record.

\$500.00

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

DOCUMENT # **P96000012102**
NAME **DOLPHIN DUNES COMPANY**
STREET ADDRESS **4093 INDIAN TRAIL**
CITY - ST - ZIP **DESTIN FL 32541**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

0000003196250--9
-04/05/00--01010-019
*****150.00 ***150.00**

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:

Ronald G Cooper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

3.23.00

Daytime Phone #

770-725-7400

CR2E003 (9/99)