## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A9700001523				FILED
SUNCOR OF HEATHROW, LTD.				00 JAN 31 PM 1:13
Principal Place of Business Mailing Address 160 INTERNATIONAL PARKWAY. SUITE 280 160 INTERNATIONAL PARKWAY. SUITE 280				SECRETARY OF STATE TALLAHASSEE, FLORIDA
HEATHROW FL 32746 HEATHROW FL 32746-5058				
Principal Place of Business     A. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & Stat	e	City & State		4. FEI Number 59-3457067   Applied For Not Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name				
COAY AL DIMAYALE ID ECO. Robert L. HOCIAN				
C/O GREENSPOON, MARDER, ET AL  135 WEST CENTRAL BLVD., SUITE 1100  Street Address (P.O. Box Number is Not Acceptable)  135 WEST CENTRAL BLVD., SUITE 1100				
ORLANDO FL 32801			Suite	<b>□</b> 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 ATTAMA POSERT L. HORIAN 1/24/00				
Signature, typed or printed transfel edistreted agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  9. Capital Contributions  11. MAKE CHECK PAYABLE TO DEPT. OF STATE				
as Shown on record.  as Shown on record.				
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 # P97000060325 NAME SUNCOR OF HEATHROW, INC.			STREET ADDRESS	0 International Plugy #280
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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes  SIGNATURE:  SIGNATURE:  SIGNATURE:				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Dayline Phone #				