

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001873**

1. Entity Name

W.A. HILL, SR. FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 PM 12:06



DO NOT WRITE IN THIS SPACE

Principal Place of Business 16900 FRONT BEACH ROAD PANAMA CITY BEACH FL 32413	Mailing Address 16900 FRONT BEACH ROAD PANAMA CITY BEACH FL 32413-2345
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3508550	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent HILL, PAIGE J 16900 FRONT BEACH ROAD PANAMA CITY BEACH FL 32413	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. \$500,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY - ST - ZIP	HILL, W.A. SR. 16900 FRONT BEACH ROAD PANAMA CITY BEACH FL 32413	STREET ADDRESS CITY - ST - ZIP	400003272564--6 -05/31/00--01080--022 ****526.25 ****526.25
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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED** **4/27/00** **(850)234-5628**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER: _____ Date _____ Daytime Phone # _____

CR2E003 (9/99)