

# 2000 UNIFORM BUSINESS REPORT (UBR)

0001683 AF

<b>DOCUMENT # A97000001937</b>			
1. Entity Name <b>STRONG/PINEHURST PARTNERS, LTD.</b>			
Principal Place of Business <b>1201 SOUTH ORLANDO AVENUE, SUITE 360 WINTER PARK FL 32789</b>		Mailing Address <b>P.O. BOX 276 WINTER PARK FL 32790-0276</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>STRONG, DAVID C</b> <b>1201 SOUTH ORLANDO AVENUE, SUITE 360</b> <b>WINTER PARK FL 32789</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. Capital Contributions as Shown on record. <b>\$599.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000077472	STREET ADDRESS	
NAME	STRONG/PINEHURST, INC.	CITY - ST - ZIP	0000003118980--6 -02/01/00--01102--013 ****141.25 ****141.25
STREET ADDRESS	1201 SOUTH ORLANDO AVENUE, SUITE 360	STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL 32789	CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
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00 JAN 27 PM 3: 21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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:** *DAVID C. STRONG* **STRONG, DAVID C. - General Partner**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**  
**SIGNATURE REQUIRED**  
**1-11-00 (407) 629-1800**  
Date Daytime Phone #

CR2E003 (9/99)