

# 2000 UNIFORM BUSINESS REPORT (UBR)

00136883 AF

DOCUMENT # **A98000000129**

FILED

1. Entity Name

**KELCO DADELAND ASSOCIATES, LTD.**

00 JUN -6 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 2700 S. COMMERCE PARKWAY SUITE 313 WESTON FL 33331	Mailing Address 2700 S. COMMERCE PARKWAY SUITE 313 WESTON FL 33331-3630
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	4. FEI Number <b>65-0803546</b>	Applied For <input type="checkbox"/> Not Applicable
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SLAY, KELLY SPILLETT**  
2700 S. COMMERCE PARKWAY  
SUITE 313  
WESTON FL 33331

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$2,400,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>2,400,000.00</b>	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

DOCUMENT #	<b>A98000000117</b>
NAME	<b>KELCO-MEYER DADELAND, LTD.</b>
STREET ADDRESS	<b>2700 S. COMMERCE PKWY., SUITE 313</b>
CITY - ST - ZIP	<b>WESTON FL 33331</b>

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	<b>000003277830--0</b>
STREET ADDRESS	<b>-05/08/00--90032--030</b>
CITY - ST - ZIP	<b>***526.25 ***376.25</b>
STREET ADDRESS	<b>000003277830--0</b>
CITY - ST - ZIP	<b>-05/15/00--01116--001</b>
STREET ADDRESS	<b>***150.00 ***150.00</b>

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: K. MEYER DADELAND** **4/14/00** **954-384-2478**  
Date Daytime Phone #

CR2E003 (9/99)