

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000617

1. Entity Name
FERN'S PARK ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 28 AM 3:05

Principal Place of Business Mailing Address

2. Principal Place of Business 110 Summerfield Way
Suite, Apt. #, etc.

3. Mailing Address 110 Summerfield way
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Brandon, FL
Zip 33510 Country USA

4. FEI Number 59-3542018
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

K. Ronald Schroeder
110 Summerfield way
Brandon, FL 33510

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 [Signature] (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE 2/23/00

9. Capital Contributions as Shown on record. \$481,853.00
10. Amount of Capital Contributions in FLORIDA to date. \$481,853.00
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			13. ADDRESS CHANGES ONLY	
DOCUMENT #	Casselberry Alliance Corporation 110 Summerfield way Brandon, FL 33510		STREET ADDRESS	
NAME			CITY-ST-ZIP	
STREET ADDRESS				
DOCUMENT #			STREET ADDRESS	800003266798--4
NAME			CITY-ST-ZIP	-05/25/00--01070--011
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STREET ADDRESS				
CITY-ST-ZIP				

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date 2/23/00 (813) 684-2200 Daytime Phone #

CR2E003 (9/99)