

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A98000000737**

1. Entity Name  
**MERSTONE III LIMITED PARTNERSHIP**

Principal Place of Business  
901 VIA LUGANO  
WINTER PARK FL 32789

Mailing Address  
POST OFFICE BOX 1523  
WINTER PARK FL 32790-1523

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-3497234** Applied For  Not Applied For

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

FILED  
00 JAN 24 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**F & L CORP.  
THE GREENLEAF BUILDING  
200 LAURA STREET  
JACKSONVILLE FL 32201-0240**

7. Name and Address of New Registered Agent  
Name **Richard E. DeLater**  
Street Address (P.O. Box Number is Not Acceptable) **% Welwyn Management Company  
901 Via Lugano**  
City **Winter Park** FL Zip Code **32789**

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 **01/17/00**

9. Capital Contributions as Shown on record. **\$600.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>P94000071617 WELWYN MANAGEMENT COMPANY 901 VIA LUGANO WINTER PARK FL 32789</b>	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<b>000003115020--4 -01/28/00--01033--006 ****141.25 ****141.25</b>
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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: **Jessica DeLater** 1/17/00 40764765-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #