# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002032

1. Entity Name

ROOT REAL ESTATE IV, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 25 AM 11:53

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 525 FENTRESS BOULEVARD<br>DAYTONA BEACH FL 32114 | POST OFFICE BOX 2860<br>DAYTONA BEACH FL 32120-2860 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 275 Clyde Morris Blvd. | 275 Clyde Morris Blvd. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Ormond Beach, FL | City & State: Ormond Beach, FL |
| Zip: 32174 Country: USA | Zip: 32174 Country: USA |

4. FEI Number 59-3525842 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

VOGES, WILLIAM J
525 FENTRESS BOULEVARD
DAYTONA BEACH FL 32114

**7. Name and Address of New Registered Agent**

Name: William J. Voges
Street Address (P.O. Box Number is Not Acceptable): 275 Clyde Morris Blvd.
City: Ormond Beach **FL** Zip Code: 32174

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 _____ William J. Voges, Registered Agent 1/10/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 9. Capital Contributions as Shown on record. | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
|---|---|---|
| $480,000.00 | | |

**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 # | F92000000919 | STREET ADDRESS | 275 Clyde Morris Blvd. |
| NAME | ROOT REAL ESTATE CORP. | CITY-ST-ZIP | Ormond Beach, FL 32174 |
| STREET ADDRESS | ~~525 FENTRESS BOULEVARD~~ | | |
| CITY-ST-ZIP | ~~DAYTONA BEACH FL 32114~~ | | |
| DOCUMENT # | M94000000022 | STREET ADDRESS | 275 Clyde Morris Blvd. |
| NAME | RDT, L.L.C. | CITY-ST-ZIP | Ormond Beach, FL 32174 |
| STREET ADDRESS | ~~525 FENTRESS BOULEVARD~~ | | |
| CITY-ST-ZIP | ~~DAYTONA BEACH FL 32114~~ | | |
| DOCUMENT # | | STREET ADDRESS | 900003161549--6 |
| NAME | | CITY-ST-ZIP | -03/08/00--01015--016 |
| STREET ADDRESS | | | ****526.25 ****526.25 |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

CR2E003 (9/99)

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 2/2/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #