

2000 UNIFORM BUSINESS REPORT (UBR)

X001567 AF

DOCUMENT # A98000002102

1. Entity Name
FLORIDA PINES, LTD.

FILED
00 FEB 17 PM 2: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1330 PALMETTO AVENUE WINTER PARK FL 32789	Mailing Address 1330 PALMETTO AVENUE WINTER PARK FL 32789-4916
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3533644	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WHITE, ROBERT B JR.
C/O SOBERING, WHITE & LUCZAK, P.A.
201 SOUTH ORANGE AVE., SUITE 1000
ORLANDO FL 32801**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$500,000.00	10. Amount of Capital Contributions in FLORIDA to date.	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	13. ADDRESS CHANGES ONLY
DOCUMENT # P98000077964	STREET ADDRESS
NAME FLORIDA PINES CORPORATION	CITY - ST - ZIP
STREET ADDRESS 1330 PALMETTO AVENUE	STREET ADDRESS
CITY - ST - ZIP WINTER PARK FL 32789	CITY - ST - ZIP
DOCUMENT #	STREET ADDRESS
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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: *[Signature]* **SIGNATURE REQUIRED** *Larry Godwin* 2/14/00 4076284605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)