

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002265

1. Entity Name
PASCO WOODS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Principal Place of Business

Mailing Address

A98000002265

00 FEB -8 PM 4:37

2. Principal Place of Business

615 Crescent Executive Ct.

3. Mailing Address

615 Crescent Executive Ct.

Suite, Apt. #, etc.

Suite 120

Suite, Apt. #, etc.

Suite 120

City & State

Lake Mary, Florida

City & State

Lake Mary, Florida

Zip

32746

Country

USA

Zip

32746

Country

USA

4. FEI Number

59-3537804

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JAMES F. BASQUE
1637 EAST VINE ST.,
Suite E
Kissimmee, Florida 34744

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, 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.

4,101,724.00

10. Amount of Capital Contributions
in FLORIDA to date.

4,101,724.00

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

DOCUMENT # P98000081974
NAME PASCO WOODS, Inc.
STREET ADDRESS 615 Crescent Executive Ct, #120
CITY-ST-ZIP LAKE MARY, FL. 32746

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STEVEN M. VEHRS, V.P.

02/03/2000

Date

(407) 846 4533

Daytime Phone #

CR2E003 (9/99)