

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002355

1. Entity Name
BLUEGRASS, LTD.

Principal Place of Business
600 EAST COLONIAL DRIVE, SUITE 100
ORLANDO FL 32803

Mailing Address
600 EAST COLONIAL DRIVE, SUITE 100
ORLANDO FL 32803-4647

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 13 AM 11:43



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 59-3536628
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
SCHRIMSHER, J. STEVEN
600 EAST COLONIAL DRIVE, SUITE 100
ORLANDO FL 32803

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 _____

9. Capital Contributions as Shown on record. \$1,260,000.00
10. Amount of Capital Contributions in FLORIDA to date. 1,260,000.00
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 #	G00211	STREET ADDRESS		
NAME	SCHRIMSHER PROPERTIES OF CENT. FLA, INC.	CITY - ST - ZIP		
STREET ADDRESS	600 EAST COLONIAL DRIVE, SUITE 100			
CITY - ST - ZIP	ORLANDO FL 32803			
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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: Steven Schrimsher 4/10/00 (407) 423-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

X002301 AF

CR2E003 (9/99)