

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** A98000002383

**1. Entity Name**  
BLANTON GROUP, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -4 PM 1:33

**Principal Place of Business**  
319 CLEMATIS STREET, SUITE 801  
WEST PALM BEACH, FL 33401

**Mailing Address**  
319 CLEMATIS STREET, SUITE 801  
WEST PALM BEACH FL 33401-4620



**2. Principal Place of Business**  
~~319 CLEMATIS ST. #801~~  
Suite, Apt. #, etc.

**3. Mailing Address**  
1148 SEAGULL PARK RD  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
WEST PALM BCH, FL

**City & State**  
WEST PALM BCH, FL

**Zip**  
33411

**Country**  
USA

**4. FEI Number** APPLIED FOR  
65-0869949

**Applied For**  
Not Applicable

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

**6. Name and Address of Current Registered Agent**  
BLANTON, JAMES C  
319 CLEMATIS STREET, SUITE 801  
WEST PALM BEACH FL 33401

**7. Name and Address of New Registered Agent**  
Name: ~~BLANTON~~  
Street Address (P.O. Box Number is Not Acceptable):  
City: WEST PALM BCH, FL 33411

**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.** \$1,500,000.00

**10. Amount of Capital Contributions in FLORIDA to date.** 59,264.-

**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 #	BLANTON, JAMES C	STREET ADDRESS	1148 SEAGULL PARK RD
NAME	319 CLEMATIS STREET, SUITE 801	CITY - ST - ZIP	WEST PALM BCH, FL 33411
STREET ADDRESS	WEST PALM BEACH FL 33401		
CITY - ST - ZIP			
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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 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 OF JAMES C BLANTON **DATE** 4/24/00 **Daytime Phone #** 795-9518