

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002386**

1. Entity Name
SECTION 20 LAND GROUP, LTD.

FILED
00 JUN -2 PM 4: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 4099 TAMiami TRAIL NORTH, SUITE 305 NAPLES FL 34103	Mailing Address 4099 TAMiami TRAIL NORTH, SUITE 305 NAPLES FL 34103-3548
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2. Principal Place of Business 11330 TWINEAGLES BLVD.	3. Mailing Address 11330 TWINEAGLES BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NAPLES FL.	City & State NAPLES FL	4. FEI Number 59-3537980	Applied For Not Applicable
Zip 34120	Country	Zip 34120	Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CLASP INC.
C/O CUMMINGS & LOCKWOOD
3001 TAMiami TRAIL NORTH, 4TH FLOOR
NAPLES FL 34103

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. **\$1,000.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

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 # NAME STREET ADDRESS CITY - ST - ZIP	A9700001029 TWINEAGLES MANAGEMENT, LTD. 4099 TAMiami TRAIL NORTH, SUITE 305 NAPLES FL 34103	STREET ADDRESS CITY - ST - ZIP	11330 TWINEAGLES BLVD NAPLES FL 34120
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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.

TWINEAGLES MANAGEMENT, LTD
SIGNATURE: BY SIGNATURE REQUIRED **4/27/00** **GENERAL PARTNER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____ Date _____ Daytime Phone # _____

CR2E(03 19 9 0)