

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000304

1. Entity Name
FEURRING FAMILY, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business
7626 ELMRIDGE DRIVE
BOCA RATON FL 33433

Mailing Address
7626 ELMRIDGE DRIVE
BOCA RATON FL 33433-6135



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BEILSON, STEVEN A ESO				Name			
NATIONS BANK BLDG				Street Address (P.O. Box Number is Not Acceptable)			
2000 GLADES RD SUITE 306							
BOCA RATON FL 33431				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. **\$5,841,000.00**

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 #	P98000100332	STREET ADDRESS	
NAME	J.N. FEURRING CORP.	CITY - ST - ZIP	
STREET ADDRESS	7626 ELMRIDGE DRIVE		
CITY - ST - ZIP	BOCA RATON FL 33433		
DOCUMENT #		STREET ADDRESS	800003290338
NAME		CITY - ST - ZIP	-06/15/00--01012--012
STREET ADDRESS			****535.00 ****535.00
CITY - ST - ZIP			
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NAME		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 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: *J. Feurring* **SIGNATURE REQUIRED** **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date: **4/21/00** Daytime Phone #: **561-483-8400**

CR: 1003 (3/9/00)