

2000 UNIFORM BUSINESS REPORT (UBR)

0014213 JV

DOCUMENT # A99000000305

1. Entity Name
COPELAND I, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 21 PM 1:29

Principal Place of Business
5402 LONGBOAT BLVD
TAMPA FL 33615

Mailing Address
5402 LONGBOAT BLVD
TAMPA FL 33615-4236



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3562 590		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRUMMOND, TEMPLE H ESQ KASS HODGES PA 1505 NORTH FLORIDA AVENUE TAMPA FL 33602		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. \$50,000.00

10. Amount of Capital Contributions in FLORIDA to date. 50,000

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	P99000008173 COPELAND MANAGEMENT COMPANY, INC. 5402 LONGBOAT BLVD TAMPA FL 33615	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	300003317153--6 -07/10/00--01014--003 ****350.00 ****350.00
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	300003317153--6 -07/10/00--01014--004 *****8.75 *****8.75
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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: *Walter R. Copeland* **REQUIRED** *Walter R. Copeland Pres* **4-4-00** **813-282-3400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER COPELAND MGMT COMPANY **Date** **Daytime Phone #**