

2000 UNIFORM BUSINESS REPORT (UBR)

0142313 AN

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 **Mailing Address**
 5402 LONGBOAT BLVD 5402 LONGBOAT BLVD
 TAMPA FL 33615 TAMPA FL 33615-4236



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number 59-3562590 **Applied For**
 Not Applicable
5. Certificate of Status Desired **\$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** _____
 Signature, typed or printed name of registered agent and title if applicable.

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	
DOCUMENT #	P99000008173
NAME	COPELAND MANAGEMENT COMPANY, INC.
STREET ADDRESS	5402 LONGBOAT BLVD
CITY - ST - ZIP	TAMPA FL 33615
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
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DOCUMENT #	
NAME	
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CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	300003317153--6 -07/10/00--01014--003 ****350.00 ****350.00
CITY - ST - ZIP	
STREET ADDRESS	300003317153--6 -07/10/00--01014--004 *****8.75 *****8.75
CITY - ST - ZIP	
STREET ADDRESS	
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: *Walter R. Copeland* **REQUIRED** COPELAND MGMT COMPANY 4-4-00 813-282-3400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #