

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000866

1. Entity Name

HP REEDY, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 25 AM 3:05



DO NOT WRITE IN THIS SPACE

Principal Place of Business LEBOEUF, LAMB, GREENE & MACRAE, L.L.P. 50 NORTH LAURA ST., SUITE 2800 JACKSONVILLE FL 32202	Mailing Address LEBOEUF, LAMB, GREENE & MACRAE, L.L.P. 50 NORTH LAURA ST., SUITE 2800 JACKSONVILLE FL 32202-3656
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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 **59-3578347** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEPPARD, ALAN C JR.
LEBOEUF, LAMB, GREENE & MACRAE, L.L.P.
50 NORTH LAURA STREET, SUITE 2800
JACKSONVILLE FL 32202

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. **\$2.00** 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	P99000048582 HP REEDY, INC. 8917 WESTERN WAY, SUITE 6 JACKSONVILLE FL 32256	STREET ADDRESS CITY - ST - ZIP	100003256371--9 -05/17/00--01088--007 ***141.25 ***141.25
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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: **KERRY A. CONN** Date **4-21-00** Daytime Phone # **(904) 3639002**

CR2E003 (9/99)