2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9900001036 .								FILED				
MONTREVILLE LIMITED								00 MAR 22 AM 8: 14				
Principal Place of Business 233 NORTH CAUSEWAY NEW SMYRNA BEACH FL 32169 Mailing Address 233 NORTH CAUSEWAY NEW SMYRNA BEACH FL 32169						. 32169-5	239	SECRETARY OF STATE TALLAHASSEE. FLORIDA				
2. Principal Place of Business					3. Mailing Address			- I (BOLD'I IDIO IDIUR IDIIN BENIN BONIN GOINT BONIN HOND HIBIN DORGED HIRID DINK HOND				
Suite, Apt. #, etc.				Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State				City & State				4. FEI Number Applied For Not Applicable				
Zip 	Country			L.	Zip	Coun	try	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 Name					
GILLESPIE, W M 233 NORTH CAUSEWAY							Street Address	reet Address (P.O. Box Number is Not Acceptable)				
NEW SMYRNA BEACH FL 32169							City			- 1 :	Zip Code	
8. The above named entity submits this statement for the purpose of changing its re						registere	·	<u> </u>				
SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re 9. Capital Contributions 10. Amount of Capital C							d Agent signature require outions	d when reinstating)	11. MAKE CHECK PAYA	BLE TO 1		
as Shown on record. 99,900.00 in FLORIDA to date. 9700.00 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#	GILLESPIE, SALLY I						ET ADDRESS					
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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 SIGNATURE SIGNATURE AND SIGNATURE OF SIGNING GENERAL PARTNER DELLE SIGNATURE PROPERTY Date Date Date Described From # Described From Property Described From Propert												