2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A9900001040 1. Entity Name					FILED	
FARE INVESTMENTS I, LTD.				SECRETARY OF STATE DIVISION OF CORPORATIONS		
				UIVISION OF CORPORATIONS		
Principal Place	e of Business	Mailing Address			00 MAY - 1 PM 12: 06	
C/O KERKERING. BARBERIO & CO., P.A. C/O KERKERING. BARBERIO				O., P.A.		
1858 RINGLING BLVD. 1858 RINGLING BLVD. SARASOTA FL 34236 SARASOTA FL 34236-5917						
SARASOTA FL	. 34236	SANASOTA FL 34230-3317	′			
Principal Place of Business 3. Mailing Address						
Zi i i incipari ideo or Basiness						
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number Applied For	
					65-0934032 Not Applicab	
Zip Country		Zip Country		ntry	5. Certificate of Status Desired	
- 6. Name and Address of Current Register		Registered Agent	it i i i i i i i i i i i i i i i i i i		7. Name and Address of New Registered Agent	
OLENDINING DENEA M				Name		
GLENDINNING, RENEA M C/O KERKERING, BARBERIO & CO., P.A.				Street Address (P.O. Box Number is Not Acceptable)		
• -	GLING BLVD.					
SARASOT		City		FL Zip Code		
					FL '	
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						
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Capital Contributions \$1,300,000.00 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE						
as Shown on record. in FLORIDA to date. 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 #	P99000057910 FARE INVESTMENTS I, INC.		STR	EET ADDRESS		
NAME STREET ADDRESS	1858 RINGLING BOULEVARD		om.	, or the	·······	
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NAME Street Address	s		om	r-ST-ZIP		
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CITY-ST-ZIP	<u> </u>					
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						
the receiv	er or trustee empowered to execute th	is report as required by Chapt	ter 620,	Florida Statutes		

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