

# 2000 UNIFORM BUSINESS REPORT (UBR)

0013140 AF

**DOCUMENT # A99000001076**

1. Entity Name  
**REDSTONE III, LTD.**

FILED  
00 JAN 27 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address

~~3801 NINE DRIVE~~      ~~3801 NINE DRIVE~~  
VALRICO FL 33594-8268      VALRICO FL 33594-8268



2. Principal Place of Business      3. Mailing Address

*3801 South Nine Drive*      *3801 South Nine Drive*  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

*59-3584449*      Not Applicable

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

6. Name and Address of Current Registered Agent

**WIMBLE, BILL**  
3801 SOUTH NINE DRIVE  
VALRICO FL 33594-8268

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.      \$4,000,000.00      10. Amount of Capital Contributions in FLORIDA to date.      *\$1,108,000.00*      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 #	P93000068628-7
NAME	REDSTONE RESOURCES & FUNDING CORP.
STREET ADDRESS	3801 SOUTH NINE DRIVE
CITY - ST - ZIP	VALRICO FL 33594-8268
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	700003119507--9
STREET ADDRESS	-02/01/00--01128--001
CITY - ST - ZIP	****526.25      ****526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<i>doc</i>
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: *Bill Wimble*      Date: *1-10-2000*      Daytime Phone #: *813+681-5009*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)