

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001530**

1. Entity Name

BAILEY BUSINESS PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 PM 12:06



Principal Place of Business: % EDWARD J. COMAN & ASSOC. P.C.
799 ROOSEVELT RD. BLDG 3 #215
GLEN ELLYN IL 60137-5922

Mailing Address: ~~% EDWARD J. COMAN & ASSOC. P.C.~~
799 ROOSEVELT RD. BLDG 3 #215
GLEN ELLYN IL 60137-5922

2. Principal Place of Business: **10308 SALISBURY ST.**
Suite, Apt. #, etc.

3. Mailing Address: **10308 Salisbury St.**
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: **RIVERVIEW, FL** | City & State: **RIVERVIEW, FL** | 4. FEI Number: Applied For / Not Applicable

Zip: **33569** | Country: | Zip: **33569** | Country: | 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **DEEGAN, SUSAN L**
10308 SALISBURY ST.
RIVERVIEW FL 33569

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: *Susan L. Deegan* | **SUSAN L. DEEGAN** | **4/25/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record: **\$180,000.00** | 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 #	DEEGAN, SUSAN L	STREET ADDRESS	
NAME	10308 SALISBURY ST.	CITY - ST - ZIP	300003272563--9
STREET ADDRESS	RIVERVIEW FL 33569		-05/31/00--01080--021
CITY - ST - ZIP			****526.25 ****526.25
DOCUMENT #	DEEGAN, DAVID P	STREET ADDRESS	
NAME	10308 SALISBURY ST.	CITY - ST - ZIP	
STREET ADDRESS	RIVERVIEW FL 33569		
CITY - ST - ZIP			
DOCUMENT #	VERDE, PENNY J	STREET ADDRESS	
NAME	3261 BORDER RD	CITY - ST - ZIP	
STREET ADDRESS	VENICE FL 34292		
CITY - ST - ZIP			
DOCUMENT #	VERDE, RAUL R	STREET ADDRESS	
NAME	3261 BORDER RD	CITY - ST - ZIP	
STREET ADDRESS	VENICE FL 34292		
CITY - ST - ZIP			
DOCUMENT #	PACKARD, NANCY B	STREET ADDRESS	9815 Oak Knoll Court
NAME	26W107 SANDPIPER CT	CITY - ST - ZIP	BAKERSFIELD, CA 93311
STREET ADDRESS	WHEATON IL 60188		
CITY - ST - ZIP			
DOCUMENT #	PACKARD, WALTER J	STREET ADDRESS	9815 Oak Knoll Court
NAME	26W107 SANDPIPER CT	CITY - ST - ZIP	BAKERSFIELD, CA 93311
STREET ADDRESS	WHEATON IL 60188		
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: *Susan L. Deegan* | **SUSAN L. DEEGAN** | **4/25/00** | **813 247-7888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CE OFFICIAL