2000 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -2 PM 1:33

DOCUMENT # A99000002210

1. Entity Name

MOODY FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
9740 S.E. 58th Avenue Ocala, Florida 34480	P. O. Box 1450 Belleview, FL 34421-1450

2. Principal Place of Business	3. Mailing Address
9786 N.E. 17th Path	9786 N.E. 17th Path
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Wildwood, Florida	City & State: Wildwood, Florida
Zip: 34785 Country	Zip: 34785 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☑ 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
Jeffrey L. Sauey 21 N.E. First Avenue Ocala, Florida 34470	Name: Jerry Driggers Street Address (P.O. Box Number is Not Acceptable): 9786 N.E. 17th Path City: Wildwood FL Zip Code: 34785

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: _____ Jerry Driggers 4/28/00
(If changing registered office/registered agent, or both, must be signed by current registered agent. If changing registered agent, new registered agent must sign.) (New Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record: $2,500,000	10. Amount of Capital Contributions in FLORIDA to date: $2,500,000	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	Moody G.P., Inc. 9740 S.E. 58th Avenue Ocala, Florida 34480	STREET ADDRESS CITY-ST-ZIP	9786 N.E. 17th Path Wildwood, Florida 34785
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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: Jerry Driggers 4/28/00 (352) 895-3819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #