

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002261

1. Entity Name
HENRY W. MACLIN, JR. FAMILY LIMITED PARTNERSHIP,

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 3:53

Principal Place of Business Mailing Address
200 GULF SHORE DR
DESTIN, FL. 32541

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
HENRY W. MACLIN JR
5447

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. 245,000.00	10. Amount of Capital Contributions in FLORIDA to date. 130,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	HENRY W. MACLIN JR 200 GULF SHORE DR DESTIN, FL. 32541	STREET ADDRESS	000003286630--3 -06/13/00--01031--011 ****526.25 ****526.25
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NAME		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: **4/24/00** **850-654-9304**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)