

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B96000000447

1. Entity Name

DEVISERS, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

100 MAY 18 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2516 W. KENNEDY BLVD
TAMPA FL 33609

Mailing Address

2516 W. KENNEDY BLVD
TAMPA FL 33607-3814

2. Principal Place of Business

5009 W. Nassau St.
Suite, Apt. #, etc.

3. Mailing Address

5009 W. Nassau St.
Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3346673

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HANEY, R. REID ESQUIRE
101 EAST KENNEDY BLVD., SUITE 4100
TAMPA FL 33602

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$840,000.00

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

DOCUMENT # F96000006116
NAME DEVISERS, INC.
STREET ADDRESS 2516 W. KENNEDY BLVD
CITY - ST - ZIP TAMPA FL 33609

13. ADDRESS CHANGES ONLY

STREET ADDRESS 5009 W. Nassau St.
CITY - ST - ZIP Tampa, FL 33607

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
BRIAN ABELES

4/27/2000

Date

(813) 281-2323

Daytime Phone #