	<u>-</u> -					_				
2002 UNIFORM BUSINESS REPORT (UBR)										
DOCU			P Sect		FILED STA	TE.,	,)			
CHANCERY LANE, LTD.					OI.	SECRE VISION	ARY CORPORA	те тюнз W 3: 09	4/	26
Principal Place of Business Mailing Address						02 17	\$ 22 511			
	THIRD STREET		-	140 MOITH HIRD STREET						
					:					
2. Principal	Place of Busine	ess	3. Mailing Address							
Suite, Apt	t. #, etc.		Suite, Apt. #, etc.				DUE BY MAY 1, 2002			
City & Sta	ite	City & State	<u>-</u>		4. FEI Number 31-1573667 Applied For			Applied For Not Applicable		
Zip	Country Zip		Zip	Country			5. Certificate o	of Status Desired		8.75 Additional
	6. Name and Address of Current Registered Agent						7. Name and A	Address of New Reg		ee Required
	<u></u>	, - <u>-</u>			Name.	-			310100 F.;	Baur
	RD, JIMMY D				Street A	Address (F	P.O. Box Number	is Not Acceptable)		
1009 NORTH 14TH STREET								· · · · · · · · · · · · · · · · · · ·		
LEESBURG FL 34749-2460										
					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.									DATE	
9. Capital Contributions as Shown on record. \$990.00 In FLORIDA				ate.	4	, ,,	0.00	SEE REVERSE	SIDE FOR	TO DEPT. OF STATE 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 CHANG		
DOCUMENT # NAME	CLARK, MERLE C 145 NORTH THIRD STREET				ET ADDRESS					
STREET ADDRESS					,		·	····		
CITY-ST-ZIP DANVILLE KY 40422				CITY-	-ST-ZIP		5-	ነውውውም		3 d F
DOCUMENT # NAME					ET ADDRÉSS	0.00000 01010 0E-T				-159 013024
STREET ADDRESS CITY-ST-ZIP					-ST-ZIP		•	***141	. 25	****141.25
DOCUMENT #	. 75			STREE	ET ADDRESS	-				
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP					
DOCUMENT #				STREE	ET ADDRESS			<u> </u>		
STREET ADDRESS				CITY-	ST-ZIP		. TT-b	· · · · · · · · · · · · · · · · · · ·		
DOCUMENT #				-	(

CITY-ST-ZIP 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:

SIGNATURE:

SIGNATURE

SIGNATURE

Date

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

NAME STREET ADDRESS

NAME STREET ADDRESS

CITY-ST-ZIP= DOCUMENT # 🛴