

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

DOCUMENT # B98000000563

1. Entity Name
CAMP INVESTMENTS, L.P.

Principal Place of Business: **6976 COMMERCIAL DRIVE MORROW GA 30260**
 Mailing Address: **P.O. BOX 870069 MORROW GA 30287-0069**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **58-2310404** 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

**CORPDIRECT AGENTS
 103 NORTH MERIDIAN STREET, LOWER LEVEL
 TALLAHASSEE FL 32301**

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: **\$0.00** 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 # NAME STREET ADDRESS CITY - ST - ZIP | CAMP, LOVELL E 6976 COMMERCIAL DRIVE MORROW GA 30260 | STREET ADDRESS CITY - ST - ZIP | 400003283944 --- 7 -06/12/00---01005---004 ****141.25 ****141.25 |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | CAMP, MARY L 6976 COMMERCIAL DRIVE MORROW GA 30260 | 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: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/21/00 **770/968-1652**
 Date Daytime Phone #