## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # \$45331**

1. Entity Name

SPECIAL INVESTMENTS. INC.

## FILED Jan 25, 2000 8:00 am Secretary of State

0, 20, 2	, itty motification into-				01-25	5-2000 90067	034 ***15	50.00		
Principal Plac	e of Business	Mailing Address								
5517 SW 69 TERRACE GAINESVILLE FL 32608 US		5517 SW 69 TERRACE GAINESVILLE FL 32608-4541 US								
2. Principal P	race of Business	3. Mailing Address							<b>                                    </b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SPAC	Œ		
City & State	e	City & State			4. FEI Number	FEI Number 59-3062094			plied For t Applie	
Zip Country		Zip Country			5. Certificate of S				8.75 Additional	
	6. Name and Address of Current I	Registered Agent			7. Name and Add	tress of New Reg	istered Ager	nt		
	The second secon	**** . *	N	lame	market and the		F	_	-	
MILLER, DAVID M 5517 SW 69 TERRACE				Street Address (P.O. Box Number is Not Acceptable)						
gain	IESVILLE FL 32608		1							
			C	City			FL	Zip Code	<del></del>	
8. The above	named entity submits this statement for	the purpose of changing its re	egistered o	office or registered	d agent, or both, in	the State of Florid	a.			
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: I	Registered Age	ent signature required w	hen reinstating)		DATE		<del></del>	
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. Intangible on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of S			Trust F	n Campaign Finan- und Contribution.	cing		May Be to Fees	
11.	OFFICERS AND I	DIRECTORS	12.		ADDITIONS/CHA	ANGES TO OFFICE	ERS AND DIF	ECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRICE, CARLA J 5517 SW 69 TERRACE GAINESVILLE FL	☐ Delete	TITLE NAME STREET AC CITY-ST-	l l				Change	Additio	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	VD HICKS, THOMAS P JR 5517 SW 69 TERRACE GAINESVILLE FL	☐ Delete	TITLE NAME STREET AD CITY-ST-2					Change	Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, DAVID M 5517 SW 69 TERRACE GAINESVILLE FL	Delete	TITLE NAME STREET AD CITY-SI-	ľ			عيد ربر	Change -	☐ Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COX, ALLISON L 5517 SW 69 TERRACE GAINESVILLE FL	☐ Delete	TITLE NAME STREET AC	Sponderss w	elling ith one Alison	Alison z"L" p.L	iose	Change	☐ Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERENCE, STEPHANIE A 5517 SW 69 TERR GAINSVILLE FL	☐ Delete	TITLE NAME STREET AL CITY-ST-	DDRESS (				Change	Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET AL CITY-ST-					Change	☐ Additio	
13. I hereby o	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for t	he exempt	ion stated in Sec	tion 119.07(3)(i), F	lorida Statutes. I fu if made under oat	rther certify t	hat the in	formation or director	

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daw Min War David Min. Nev

Date

Daytime Phone #