

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000853

1. Entity Name

THE 230 FAMILY PARTNERSHIP, LTD.

FILED

02 APR 11 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

125 COASTLINE ROAD, SUITE 2000
SANDFORD FL 32771

Mailing Address

125 COASTLINE ROAD, SUITE 2000
SANDFORD FL 32771

2. Principal Place of Business

4155 St. Johns Parkway

3. Mailing Address

4155 St. Johns Parkway

Suite, Apt. #, etc.

Suite 2000

Suite, Apt. #, etc.

Suite 2000

City & State

Sanford, FL

City & State

Sanford, FL

Zip

32771

Country

USA

Zip

32771

Country

USA

DUE BY MAY 1, 2002

4. FEI Number

59-3753407

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BREWER, DAVID B

125 COASTLINE ROAD, SUITE 2000
SANDFORD FL 32771

7. Name and Address of New Registered Agent

Name

4155 St. Johns Parkway #2000

City Sanford

FL

Zip Code 32771

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.

4.4.02

DATE

9. Capital Contributions
as Shown on record.

\$1,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

391,587.00

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 # L01000008885
NAME BREWER OPERATING COMPANY, LLC
STREET ADDRESS 125 COASTLINE ROAD, SUITE 2000
CITY-ST-ZIP SANDFORD FL 32771

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CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 4155 St. Johns Parkway #2000
CITY-ST-ZIP Sanford, FL 32771

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS
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STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4.4.02

Date

407.330.9901

Daytime Phone #

CR2E003 (9/01)