

# 2000 UNIFORM BUSINESS REPORT (UBR)

UBR 11 1:50:00

**DOCUMENT # A32236**

1. Entity Name  
**THE BOOTHBY FAMILY LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 APR 20 AM 3:05




DO NOT WRITE IN THIS SPACE

Principal Place of Business  
P.O. BOX 06189  
COLUMBUS OH 43206

Mailing Address  
P.O. BOX 06189  
COLUMBUS OH 43206-0189

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number **65-0312488**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KELLY, CHARLES M., JR.**  
**% KELLY, PRICE, SIKET & HEUERMAN**  
**2640 GOLDEN GATE PARKWAY**  
**NAPLES FL 33942**

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. **\$3,000,000.00**

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 #	
NAME	<b>THUN, BARBARA B.</b>
STREET ADDRESS	<b>67 EVANS HILLS ROAD</b>
CITY - ST - ZIP	<b>SINKING SPRING PA</b>
DOCUMENT #	
NAME	<b>BOOTHBY, WILLIAM F.</b>
STREET ADDRESS	<b>4028 PEBBLE BEACH DR.</b>
CITY - ST - ZIP	<b>NIWOT CO</b>
DOCUMENT #	
NAME	<b>BOOTHBY, DAVID W.</b>
STREET ADDRESS	<b>P.O. BOX 06189</b>
CITY - ST - ZIP	<b>COLUMBUS OH 43206</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>300003247103--6</b>
CITY - ST - ZIP	<b>-05/10/00--01097--002</b>
STREET ADDRESS	<b>****526.25 ****526.25</b>
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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

Date **4-16-00** Daytime Phone # **614-443-6621**

CR2E003 (9/99)