

2001 UNIFORM BUSINESS REPORT (UBR)

0001090 AF

DOCUMENT # A93000000505

1. Entity Name

JANET M. TEW FAMILY LIMITED PARTNERSHIP

FILED

01 MAY 24 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **106 LAKEVIEW TRAIL
MELROSE FL 32666**
Mailing Address: **P.O. BOX 390
MELROSE FL 32666**



DO NOT WRITE IN THIS SPACE

MJH

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

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

4. FEI Number: **59-3194077**
Applied For: Not Applicable

Zip: Country

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

6. Name and Address of Current Registered Agent

**TEW, ERNEST
106 LAKEVIEW TERRACE
MELROSE FL 32666**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record. **\$1,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **284,435.00**

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 #	TEW, JANET M
NAME	106 LAKEVIEW TERRACE
STREET ADDRESS	MELROSE FL 32666
CITY-ST-ZIP	
DOCUMENT #	TEW, ERNEST
NAME	106 LAKEVIEW TERRACE
STREET ADDRESS	MELROSE FL 32666
CITY-ST-ZIP	
DOCUMENT #	DOOLEY, SANDRA
NAME	56 SE 35TH ST.
STREET ADDRESS	KEYSTONE HEIGHTS FL 32656
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	100004421221--4 -06/14/01--01123--029 ****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/21/01 (352) 475-1800
Date Daytime Phone #

CP2E003 (11/00)