

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007623 AT

DOCUMENT # **A93000000505**



1. Entity Name  
**JANET M. TEW FAMILY LIMITED PARTNERSHIP**

**FILED**  
03 AUG '03 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**106 LAKEVIEW TRAIL  
MELROSE FL 32666**

Mailing Address  
**P.O. BOX 390  
MELROSE FL 32666**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-3194077**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

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

10. Amount of Capital Contributions in FLORIDA to date. **366,303.00**

11. MAKE CHECK PAYABLE TO FL. 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	STREET ADDRESS	CITY-ST-ZIP
	<b>TEW, JANET M</b>	<b>106 LAKEVIEW TERRACE</b>	<b>MELROSE FL 32666</b>		
	<b>TEW, ERNEST</b>	<b>106 LAKEVIEW TERRACE</b>	<b>MELROSE FL 32666</b>		
	<b>DOOLEY, SANDRA</b>	<b>56 SE 35TH ST.</b>	<b>KEYSTONE HEIGHTS FL 32656</b>		

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07/02/03--01058--008 \*\*5.26.25

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 *Sandra Dooley* **5/29/03** **352-475-1800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE

**JANET M. TEW FAMILY LTD. PARTNERSHIP**  
**P.O. BOX 390**  
**MELROSE, FL 32666**  
**Phone (352) 475-1800**

July 28, 2003

Diane Cushing  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: UBR

Dear Diane:

Enclosed, please find our 2003 UBR Report that had been returned to us. Per our telephone conversation, I am writing to request that you PLEASE waive the late fee. This partnership had to file extensions for all their federal and state returns because they had not received the necessary documents from one of their investments. Because the UBR form was in our tax file and we thought our CPA was filing extensions for everything, we did not realize this report was not taken care of.

Thank you for your consideration.

Sincerely,



Sandra Dooley