

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000884**

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

Principal Place of Business  
**3412 SE CLUBHOUSE PL  
STUART FL 34997**

Mailing Address  
**9058 E KENYON DR  
TUCSON AZ 85710-4446**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number  
**58-2062584**

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

**HAAS, ROBERT J  
3412 SE CLUBHOUSE PL  
STUART FL 34997**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$800,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **800,000**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **G99187900126**  
NAME **THE T.B. KING MARITAL DEDUCTION TRUST**  
STREET ADDRESS **9058 E. KENYON DR.**  
CITY - ST - ZIP **TUCSON AZ 85710**

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT # **KING, BERTRAM A**  
NAME **KING, BERTRAM A**  
STREET ADDRESS **9058 E. KENYON DR.**  
CITY - ST - ZIP **TUCSON AZ 85710**

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**FILED**  
**00 MAY -5 PM 2 00**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**300003289603--4**  
**06/14/00--01100--020**  
**\*\*\*\*526.25 \*\*\*\*526.25**

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/00  
Date

Daytime Phone #

FORM 1001 (00)