

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # **A93000000955**

1. Entity Name  
**BARRETT FAMILY PARTNERSHIP I, LTD.**

00 APR -3 AM 10: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*4/17*



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**300 SOUTH DUNCAN AVENUE, SUITE 275  
CLEARWATER FL 33755**

Mailing Address  
**300 SOUTH DUNCAN AVENUE, SUITE 275  
CLEARWATER FL 33755-6493**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3212665**

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

**CORNELIUS, CHERYL J  
% J B MANAGEMENT, INC.  
300 SOUTH DUNCAN AVENUE, SUITE 275  
CLEARWATER FL 33755**

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. **\$100.00** 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>BARRETT, JOHN P JR. 300 SOUTH DUNCAN AVE CLEARWATER FL 33755</b>	STREET ADDRESS CITY - ST - ZIP	<b>300 South Duncan Ave Ste 275</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<b>500003214015-9 -04/19/00--01018--004 ***150.00 ***150.00</b>
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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** *3/24/00* Date Daytime Phone #

CR2E003 (9/99)