

2001 UNIFORM BUSINESS REPORT (UBR)

0010117 AF

DOCUMENT # **A93000000955**

1. Entity Name

BARRETT FAMILY PARTNERSHIP I, LTD.

FILED

01 MAY 14 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number 59-3212665	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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 _____
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. \$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 #	BARRETT, JOHN P JR. 300 SOUTH DUNCAN AVE., STE. 275 CLEARWATER FL 33755	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	400004417794--3
NAME		CITY - ST - ZIP	06/13/01--01059--013
STREET ADDRESS			****150.00 ****150.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			

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: *John P Barrett Jr* **5/10/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)