

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000957**

1. Entity Name
SZUMLANSKI FAMILY LIMITED PARTNERSHIP

Principal Place of Business 1487 SANDCASTLE RD. SANIBEL FL 33957	Mailing Address 1487 SANDCASTLE RD. SANIBEL FL 33957-3622
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0449617	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

FILED
00 FEB 15 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SZUMLANSKI, BARRY E
1487 SANDCASTLE RD.
SANIBEL FL 33957

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 _____ (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. \$2,200,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	SZUMLANSKI, BARRY E 1487 SANDCASTLE RD. SANIBEL FL 33957	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	SZUMLANSKI, MICHAL 1487 SANDCASTLE RD. SANIBEL FL 33957	STREET ADDRESS CITY - ST - ZIP	2000003149912--0 -02/28/00--01117--020 ****526.25 ****526.25
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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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-7-00 **94-472-1219**
Date Daytime Phone #

CR2E003 (9/99)