

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000281**

1. Entity Name

BARBARA S. PARRETT FAMILY PARTNERSHIP, LTD.

FILED

00 JAN 21 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1365 WESTLAKE BLVD.
PALM HARBOR FL 34683

Mailing Address

1365 WESTLAKE BLVD.
PALM HARBOR FL 34683-3835

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3302862

Applied For

Not Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DIXON, SHARON QUINN
150 WEST FLAGLER STREET, SUITE 2200
MIAMI FL 33130

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.

\$1,772,885.00

10. Amount of Capital Contributions in FLORIDA to date.

6,172,885.00

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

G95046000067
BARBARA S. PARRETT TRUST
1365 WESTLAKE BLVD
PALM HARBOR FL 34683

STREET ADDRESS

CITY - ST - ZIP

400003112114--4

~~01/27/00 01000 003~~

STREET ADDRESS

*****\$26.25 ***\$26.25**

CITY - ST - ZIP

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STREET ADDRESS

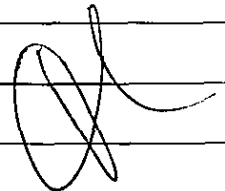
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP



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 (PRINTED)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-18-2000 727-786-1066

Date

Daytime Phone #