

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 MAR - 1 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0015982
AT

DOCUMENT # A95000000281

1. Entity Name
BARBARA S. PARRETT FAMILY PARTNERSHIP, LTD.

| | |
|--|--|
| Principal Place of Business 1365 WESTLAKE BLVD. PALM HARBOR FL 34683 | Mailing Address 1365 WESTLAKE BLVD. PALM HARBOR FL 34683 |
|--|--|



| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|--|---|
| Suite, Apt. #, etc. 5179 Goethe Ave. | Suite, Apt. #, etc. 5179 Goethe Ave |
|--|---|

DUE BY MAY 1, 2002

| | |
|---------------------------------------|--------------------------------------|
| City & State St. Louis, Mo. | City & State St Louis, Mo. |
|---------------------------------------|--------------------------------------|

| | |
|------------------------------------|--|
| 4. FEI Number 59-3302862 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | | | |
|---------------------|-----------------------|---------------------|-----------------------|
| Zip 63109 | Country USA | Zip 63109 | Country USA |
|---------------------|-----------------------|---------------------|-----------------------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

| | | |
|---|---|--|
| 9. Capital Contributions as Shown on record. \$1,772,885.00 | 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

| | |
|---|--|
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | G95046000067 BARBARA S. PARRETT TRUST 1365 WESTLAKE BLVD PALM HARBOR FL 34683 |
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13. ADDRESS CHANGES ONLY

| | |
|----------------|--|
| STREET ADDRESS | 5179 Goethe Ave |
| CITY-ST-ZIP | St Louis, Mo 63109 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | 600005051126--4 -03/06/02--01076--004 ***526.25 ***526.25 |
| CITY-ST-ZIP | |
| 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: *Thomas A. Parrett* **THOMAS A. PARRETT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date **3/23/02** Daytime Phone # **314-832-2687**

CFR2E003 (9/01)